



Letter of Direction #27

Date: October 21, 2024

To: Turquoise Care Managed Care Organizations

From: Dana Flannery, Director, Medical Assistance Division

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Title: Transcranial Magnetic Stimulation (TMS) Services

The purpose of this Letter of Direction (LOD) is to provide clarification to the Turquoise Care Managed Care Organizations (MCOs) for coverage of Transcranial Magnetic Stimulation (TMS) services.

Transcranial Magnetic Stimulation (TMS) is a noninvasive method of brain stimulation. The technique involves placement of a small coil over the scalp and passing a rapidly alternating current through the coil wire which produces a magnetic field that passes unimpeded through the brain. Depending on stimulation parameters (frequency, intensity, pulse duration, stimulation site), repetitive TMS (rTMS) to specific cortical regions can either increase or decrease the excitability of the affected brain structures. The procedure is usually carried out in an outpatient setting and does not require anesthesia or analgesia.

TMS is a covered Medicaid fee-for-service (FFS) benefit as identified in the CPT Fee Schedule located on the HSD website at [CPT Codes.pdf \(rtsclients.com\)](https://www.rtsclients.com). MCOs shall not negotiate less than the Medicaid FFS rate. This includes rates negotiated between MCOs and sub vendors or sub-contractors. Any rate paid to providers for services to Medicaid members within the state of NM must use the MAD FFS rate as the minimum rate. TMS CPT procedure codes are as follows:

Procedure Code	Description
90867	Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression) [initial, including cortical mapping, motor threshold determination, delivery and management]

90868	Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression), per session [subsequent delivery and management per session]
90869	Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression) [subsequent motor threshold redetermination with delivery and management]

Devices:

TMS devices must be approved by the US FDA. Providers must follow the protocol and parameters specified in the manufacturer’s user manual specific to the device in which they are using. Use of modifications only as supported by the published evidence base are allowed.

Billing and Reimbursement

Prior authorization is not required for TMS services. CPT codes 90867, 90868, and 90869 describe delivery of therapeutic repetitive transcranial magnetic stimulation (TMS) treatment. CPT code 90867 may be reported only once with a single unit of service during a course of TMS treatment since it describes the initial treatment. CPT codes 90868 and 90869 may be reported with only one unit of service per day since they are not timed codes and only one treatment session would be performed on a single date of service.

MCOs are directed to implement changes associated with these instructions, including system changes and provider contract negotiations as needed no later than 60 days from the date of issuance of this directive.

This LOD will sunset upon inclusion in the Managed Care Policy Manual.