

# Transcranial Magnetic Stimulation Coding & Reimbursement Support

## CPT ® Codes

- 90867** Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment: initial, including cortical mapping, motor threshold determination, delivery and management.
- 90868** Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session.
- 90869** Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management.

## Modifiers

- 25** Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service.
- 59** Distinct procedural service.
- XU** Unusual non-overlapping service: The use of a service that is distinct because it does not overlap usual components of the main service.

## Initial Psychiatric Evaluation

- 90791** Psychiatric Diagnostic Evaluation – initial diagnostic interview exam that does not include any medical services.
- 90792** Psychiatric Diagnostic Evaluation– initial diagnostic interview exam that includes medical services.

## Diagnosis Codes (ICD10)

- F32.2** Major depressive disorder, single episode, severe without psychotic features.
- F33.2** Major depressive disorder, recurrent severe without psychotic severe features.

## Evaluation & Management (E/M) Codes

- 99201 –99205** New patient
- 99212 – 99215** Existing patient

## Place of Service Codes

### 11 – Office

Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.

### 19 – Off-Campus Outpatient Hospital

A portion of an off-campus hospital provider-based department that provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

### 21 – Inpatient Hospital

A facility other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions

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References: ICD Coding Book, CMS.gov, psychiatry.org

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