



PROVIDER ALERT

REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (rTMS)

APRIL 5, 2019

Repetitive Transcranial Magnetic Stimulation (rTMS) is an additional benefit being offered to Medicaid consumers that is now available. This benefit is being offered as an outpatient, community-based mental health treatment and is only approved for those consumers that have Major Depressive Disorder, Single Episode, Severe (F32.2) or Major Depressive Disorder, Recurrent Episode, Severe (F33.2) as the primary diagnosis.

Consumer Eligibility:

Consumers between the ages of 18 and 70 years old are eligible for the benefit.

Medical Necessity Criteria (MNC):

Providers need to carefully review the MNC for this service. MNC can be found here: <http://maryland.beaconhealthoptions.com/provider/manual/CH07-27.pdf>

Providers must also need to complete the “Request Form for Repetitive Transcranial Magnetic Stimulations Form” and attach the completed form to your authorization request in Provider Connect. This form can be found

here: <http://maryland.beaconhealthoptions.com/provider/forms/admin/Request-for-Repetitive-Transcranial-Magnetic-Stimulation.pdf>

Provider Eligibility:

Providers must be an enrolled Maryland Medicaid provider a Provider Type 20 (Physician). The provider may be rendering to a “pay to” PT 20 or a PT 27 (Mental Health Group). This service may only be delivered by or under the supervision of a physician. This service is not billable under an OMHC practice.

Provider Reimbursement:

90867 (Pre-evaluation) \$159.53

90868 (Treatment) \$146.32

90869 (Post-evaluation with or without treatment) \$399.60

99201—99205 and 99211—99215 (If rTMS is performed on the same day as another, separately identifiable E&M service, the E&M code must be billed with a modifier code of 25). E&M rates can be found

here: <http://maryland.beaconhealthoptions.com/provider/alerts/2018/PMHS-Fee-Schedule-Eff-July-1-2018.pdf> .

Authorizations:

ALL SERVICES MUST BE AUTHORIZED IN ADVANCE.

The authorization service bundle will include:

1 unit of 90867

20 units of 90868 for 1st 4 wks. then 24 units for remaining 12 wks.

1 unit of 90869

6 units of E&Ms

The authorization service bundle is effective for 4 months, after which, if the consumer needs additional services, the provider will need to request a concurrent authorization.

Questions concerning this benefit may be directed to the Beacon Provider Relations Department at: marylandproviderrelations@beaconhealthoptions.com.

Provider Alerts can be viewed online by clicking on the following link:

http://maryland.beaconhealthoptions.com/provider/prv_alerts.html.

Provider Alerts typically published to the website within 10 business days.

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