**Payment Policies for Healthcare Services**

**Provided to Injured Workers and Crime Victims**

# Chapter 17: Mental Health Services

**Effective ****February 1, 2022**

**We’re updating Chapter 17: Mental Health Services. The policy below is in addition to the payment policy and is not intended to replace chapter 17:**

## http://www.lni.wa.gov/wisha/rules/images/definition.gifPayment policy: repetitive Transcranial Magnetic Stimulation (rTMS) for treatment-resistant depression

The insurer covers transcranial magnetic stimulation (TMS) on a limited basis. Authorization for this treatment is dependent upon the conditions of coverage noted in the coverage decisions for TMS therapy. The coverage details are available online: [Conditions and Treatments.](https://lni.wa.gov/patient-care/treating-patients/conditions-and-treatments/?query=Nonpharmacologic+treatments+for+treatment-resistant+depression&pg=1)

### Prior authorization

Prior authorization is required prior to initiating rTMS treatment.

### Who must perform these services to qualify for payment

Authorized services must be performed by a:

* Psychiatrist (MD or DO), *or*
* Psychiatric Advanced Registered Nurse Practitioner (ARNP), *or*
* Licensed clinical PhD or PsyD psychologist

### Requirements for billing

Documentation must include the specific protocol used. The insurer must receive documentation including a copy of the treatment plan established by the visit billed using 90867.

Billing of rTMS codes must be in accordance with CPT® code definitions.

Documentation of the treatment must support billing one of the three codes listed below for each date of service.

Chart notes must contain documentation that justifies the level, type and extent of services billed.

When billing a significantly separate identifiable service, using either modifier -25 or -59, the services must be documented separately.

E/M activities related to cortical mapping, motor threshold determination, and/or delivery and management of rTMS aren’t separately payable.

Don’t bill more than one unit per day to report TMS.

### Services that can be billed

Repetitive transcranial magnetic stimulation (rTMS) is covered for workers with unipolar or bipolar diagnosis. This coverage is dependent upon the criteria outlined in the [coverage decision](https://lni.wa.gov/patient-care/treating-patients/conditions-and-treatments/?query=Nonpharmacologic+treatments+for+treatment-resistant+depression&pg=1).

Only therapies reflected in the CPT® code descriptions for the following codes may be authorized:

* 90867
* 90868
* 90869

If a significant, separately identifiable E/M, medication management, or psychotherapy service is performed, then an E/M or psychotherapy code may be billed in addition to 90867-90869. Use modifier -25 for a separately identifiable E/M or medication management service. Use modifier -59 for a separately identifiable psychotherapy service.

### Payment limits

|  |  |  |
| --- | --- | --- |
| When billing this code… | The max billable units per day is… | And the max billable units per the life of the claim is… |
| 90867 | 1 | 3 |
| 90868 | 1 | As proper and necessary |
| 90869 | 1 | 6 |

These three codes may not be billed together on the same date of service.

Multiple claims for the same claimant are subject to split billing.

### Services not covered

TMS protocol that isn’t FDA approved is not covered.

Services that aren’t pre-authorized may be denied.