

Brainsway Deep TMS 2016 Coding Information

For Physician Office (POS 11) and Hospital Outpatient (POS 22) settings



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CPT codes for Brainsway Deep TMS

- 90867** | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management (Report only once per course of treatment) (Do not report 90867 in conjunction with 90868, 90869, 95860-95970, 95928, 95929, 95939)
- 90868** | Subsequent delivery and management, per session
- 90869** | Subsequent motor threshold re-determination with delivery and management (Do not report 90869 in conjunction with 90867, 90868, 95860-95970, 95928, 95929, 95939)

CPT Modifiers

CPT modifiers clarify services and procedures performed by providers. Although the CPT code and description remain unchanged, modifiers indicate that the description of the service or procedure performed has been altered. CPT modifiers are reported as two-digit numeric codes added to the five-digit CPT code

- 25** Significant, Separately Identifiable E&M Service by the Same Physician on the Same Day of the Procedure or Other Service
- 59** Distinct Procedural Service indicates that a procedure or service was distinct or independent from other non E/M services performed on the same day

Applicable ICD-10-CM Diagnostic codes

- F32.2** | Major depressive affective disorder, single episode, severe, without mention of psychotic behavior
- F33.2** | Major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior

CPT Codes for Initial Psychiatric Evaluation

- 900** | Behavioral Health Treatment/Services: General clarification
- 914** | Psychiatric/Psychological services: Individual therapy

CPT codes of services that may be performed in conjunction with Deep TMS

- 90791** | Psychiatric diagnostic evaluation (no medical services)
- 90792** | Psychiatric diagnostic evaluation with medical services
- +90785** | Interactive complexity (list separately in addition to the code for primary procedure)
- 90832** | Outpatient Psychotherapy, 30 minutes
- +90833** | Outpatient Psychotherapy, 30 minutes with patient and/or family member (add-on code; select the appropriate outpatient E/M code)
- 90834** | Outpatient Psychotherapy, 45 minutes
- +90836** | Psychotherapy, 45 minutes member (add-on code; select the appropriate outpatient E/M code)
- 99201-99205** | Evaluation and management [E/M] for new patient outpatient (E/M code)
- 99212-99215** | Evaluation and management [E/M] for existing patient
- G0463** | Hospital outpatient clinic visit



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Patients should consult with their doctor before undergoing Deep TMS. The most common side effects include headaches and application site pain or discomfort. There is also a very rare risk of seizure associated with the treatment. Patients with metal in or around the head, such as in metal plates, implants and stents, should not undergo Deep TMS treatment. Brainsway Deep TMS is indicated by the FDA for the treatment of depressive. Episodes in adult patients suffering from Major Depressive Disorder, who failed to achieve satisfactory improvement from previous anti-depressant medication treatment in the current episode. FDA 510(k) No. K122288.