New York Medicaid and Essential Plan: Transcranial Magnetic Stimulation (TMS)

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Introduction & Instructions for Use

Introduction

The following State or Contract Specific Clinical Criteria defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as Optum Health Behavioral Solutions of California ("Optum-CA")).

Other Clinical Criteria may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®. These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services.

Instructions for Use

When deciding coverage, the member's specific benefits must be referenced. All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member's specific benefit, the member's specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

Description of Service

Transcranial Magnetic Stimulation (TMS) is a non-invasive form of brain stimulation using magnetic pulses on specific areas of the brain. This therapy is used to improve the symptoms of major depressive disorder when conventional treatments have failed.

Coverage Rationale

Effective October 1, 2025, for New York State (NYS) Medicaid fee-for-service (FFS), and effective November 1, 2025, for Medicaid Managed Care (MMC) and Essential (EP) Plans:

- **Transcranial Magnetic Stimulation** is available for NYS Medicaid members, 18 years of age and older, who are diagnosed with treatment resistant MDD.
- Treatment resistance is defined as two trials of a therapeutic dose of two different antidepressants for a sufficient duration without achieving a clinically meaningful response.
- Prior to initiation of TMS treatment, providers must confirm the diagnosis and rule out other etiologies of depressive symptoms that can interfere with medication effectiveness.
- TMS is not first-line therapy for depression, nor is it indicated for acute suicidality, psychotic depression, or primary neurological disorders.
- NOTE: TMS must be performed by a qualified psychiatrist with specialized training and certification.
- NOTE: Obsessive-compulsive disorder (OCD) is currently not an indication for NYS Medicaid reimbursement.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member-specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other clinical criteria may apply.

Procedure Codes	Description
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

Diagnosis Codes	Description
F32.2	Major depressive disorder, single episode, severe without psychotic features
F33.2	Major depressive disorder, recurrent severe without psychotic features

References

New York State (NYS) Patient-Centered Medical Home Program Medical Billing Guidance Manual. (2025). NYS Medicaid Coverage of Therapeutic Transcranial Magnetic Stimulation. Office of Mental Health website: https://omh.ny.gov/.

Revision History

Date	Summary of Changes
12/2025	Annual Review Version 1 – new services