AMA
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MEDICAL
ASSOCIATION

CPT® Editorial Research and Development **312-464-5356**

March 9, 2010

Stanford W. Miller
VP Health Policy and Access
Neuronetics, Inc.
Malvern , PA 19355

Dear Mr. Miller:

The purpose of this letter is to inform you of the recent actions taken by the CPT Editorial Panel at its February 2010 meeting regarding your request to convert Category III codes 0160T and 0161T to Category I status to report therapeutic repetitive transcranial magnetic stimulation treatment services.

The Panel accepted modified Option A of your request to establish Category I codes 9086X7and 9086X8 for reporting therapeutic repetitive transcranial magnetic stimulation treatment services. In addition, Category III codes 0160T and 0161T were deleted. The Panel modified this option by: 1) adding an instructional note following 9086X7 to indicate that this code should not be reported in conjunction with 95928, 95929; 2) adding an instructional note following 9086X7 to indicate that it should be reported only once per course of treatment; 3) deleting the third parenthetical note following 9086X7; and 4) deleting the parenthetical note following 9086X8.

The Panel also requested onsite revised vignettes and description of procedures. These are provided below.

Category I
Medicine
Neurology and Neuromuscular Procedures

Neurologic services are ....

In addition, services ....

The EEG, autonomic....

(For repetitive transcranial magnetic stimulation for treatment of clinical depression, ~~see Category III codes 0160T, 0161T~~ see 9086X7, 9086X8)

(Do not report codes 95860-95875 in addition to 96000-96004)

Psychiatric Therapeutic Procedures

● 9086X7 Therapeutic repetitive transcranial magnetic stimulation treatment; planning

(Report only once per course of treatment)

(Do not report 9086X7 in conjunction with 95928, 95929)

~~(Pre-treatment determination of optimal magnetic field strength via titration, treatment location determination and stimulation parameter and protocol programming in the therapeutic use of high power, focal magnetic pulses for the direct, noninvasive modulation of cortical neurons)~~

● 9086X8 delivery and management, per session

~~(Treatment session using high power, focal magnetic pulses for the direct, noninvasive modulation of cortical neurons. Clinical evaluation, safety monitoring and treatment parameter review in the therapeutic use of high power, focal magnetic pulses for the direct, noninvasive modulation of cortical neurons~~

Category III

~~0160T~~ ~~Therapeutic repetitive transcranial magnetic stimulation treatment planning~~

~~(Pre-treatment determination of optimal magnetic field strength via titration, treatment location determination and stimulation parameter and protocol programming in the therapeutic use of high power, focal magnetic pulses for the direct, noninvasive modulation of cortical neurons)~~

~~0161T~~ ~~Therapeutic repetitive transcranial magnetic stimulation treatment delivery and management, per session~~

~~(Treatment session using high power, focal magnetic pulses for the direct, noninvasive modulation of cortical neurons. Clinical evaluation, safety monitoring and treatment parameter review in the therapeutic use of high power, focal magnetic pulses for the direct, noninvasive modulation of cortical neurons)~~

(0160T, 0161T have been deleted. To report, see 9086X7, 9086X8)

Revised Typical Patient (9086X7 and 9086X8):

A 50-year-old female presents with a clinical diagnosis consistent with DSM-IV defined Major Depressive Disorder, severe, with a recurrent course of illness. She has a secondary diagnosis of generalized anxiety disorder, and has experienced a recurrent course of depressive illness, with at least 3 prior episodes of major depression. Her history in the present episode is also significant for failure to receive benefit from treatment with three separate antidepressant medication trials, from two different chemical classes. She has also been treated with a combination of an antidepressant and an atypical antipsychotic medication, which she

discontinued because of significant weight gain. The patient is to be treated with Transcranial Magnetic Stimulation (TMS) therapy.

Revised Description of Procedure (9086X7):

Dose determination and targeting are performed prior to the initial rTMS treatment and at clinically appropriate points periodically during a course of rTMS therapy.

In the first step of the procedure, the motor threshold (MT) must be estimated. This is performed by placing the electromagnetic coil on the patient's head over the motor strip area above the ear on the same hemisphere as where the treatment stimulation will be delivered. The MT value is defined as the lowest level of system output power which produces a visible movement in the contra-lateral thumb or next most proximate digit, as observed by the evaluating physician. This is accomplished by titration of output power that is sufficient to induce a motor response, but in no excess. This process is repeated in a standardized manner in four separate passes with the final value computed as an average of the value observed across the four separate passes.

In the second step of this procedure, the physician then uses the headset positioning system to advance the treatment coil to the site of therapeutic stimulation over the intended treatment location over the prefrontal cortex. The coil is then fixed to remain in good contact with the patient's head for the duration of treatment.

This process typically takes up to one hour for the first MT determination, and may take 30 to 45 minutes on repeat determinations. The need to reassess a patient's MT value is not typical, but on occasion may be necessary if the patient has had a significant change in health events or personal habits that could impact cortical excitability during the treatment course.

After MT is determined, the prescribed treatment parameters are selected and the treatment session begins.

Revised Description of Procedure (9086X8):

Once the spatial coordinates for the headset positioning system that were obtained in the treatment planning session are set the treatment can begin. During the treatment session, the patient must be closely monitored at all times to ensure good coil to head contact. In addition, the clinician must monitor the patient's clinical status for comfort and tolerability and, if necessary adjust coil position and potentially customize the stimulation parameters to mitigate discomfort. Finally, although the risk is extremely low (<1%), patients must also be monitored for any signs or symptoms that may indicate the emergence of an ictal event, and the physician must be ready to respond if necessary. A typical treatment session takes about 45 minutes.

Periodic review of a patient's clinical status should be performed by the physician during a course of rTMS therapy, to determine whether adjustment of the treatment parameters is required and to respond to adverse events as clinically required. The patient's clinical history

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should also be periodically reviewed to assess the presence of other events or changes in health habits, that may be expected to alter the patient's motor threshold (MT), requiring that a new motor threshold (MT) value be determined.

Please be aware that future Panel actions may impact this issue(s). For this reason, permanent code numbers are not assigned, nor exact wording finalized, until just prior to publication. In anticipation of any future actions related to this issue(s), we ask you not to make this information publicly available to others until publication on the AMA CPT website or in the CPT codebook. Premature release of this information is often a source of confusion which can be easily be avoided by making announcements of coding changes at the same time as the CPT publication (October 2011).

It is important to note that inclusion of a descriptor and its associated code number in CPT does not represent endorsement by the American Medical Association of any particular diagnostic or therapeutic procedure/service. Inclusion or exclusion of a procedure/service does not imply any health insurance coverage or reimbursement policy.

Should you have any questions about the actions of the Panel or wish to request reconsideration by the CPT Editorial Panel Executive Committee, according to the CPT process, it must be communicated in writing and received within ten business days of email notification of this memo. The request for reconsideration should include rationale and address the Panel's specific concerns. Please address your request to Elizabeth Lumakovska, Director, CPT Editorial Research and Development (312) 464-5525 (elizabeth.lumakovska@ama-assn.org). All requests for reconsideration through the CPT appeals process will be placed on the June 2010 agenda of the CPT Editorial Panel Executive Committee.

Thank you for your interest in CPT® code set.

Sincerely,

Desiree Rozell

Desiree Rozell, MPA
CPT Research and Development