TMS List — Trusted TMS Provider Directory

FREE RESOURCE — UPDATED 2026 EDITION

Insurance Coverage Checklist for TMS Therapy

A complete step-by-step guide to verifying, pre-authorizing, and maximizing your TMS insurance benefits

50+	$0–$500	60–70%	6
INSURANCE PLANS COVER TMS	TYPICAL OUT-OF-POCKET COST	OF APPEALS SUCCEED	STEPS TO COVERAGE

What You'll Learn

→ How to verify TMS is covered by your specific plan
→ What "treatment-resistant depression" means to insurers
→ The exact prior authorization process and documents needed
→ Payer-specific requirements for Medicare, BCBS, Aetna, Cigna, UHC
→ What to do if you're denied — the appeals workflow
→ 5 critical questions to ask every TMS clinic about insurance
→ How to calculate your exact out-of-pocket cost before starting

> *"I was told TMS wasn't covered by my plan. Using this checklist, I called my insurer, submitted the right documents, and got full approval in 8 days. The whole process was intimidating until I had a roadmap."*
>
> — Sarah M., Boston, MA (BCBS PPO, 2025)

> *"My clinic had a 60% denial rate before they started using a structured prior auth process. This checklist cut that to under 15% in three months."*

— Dr. James T., TMS Clinic Director, Denver (for clinic staff)

tmslist.com

Table of Contents

Insurance Coverage Checklist for TMS Therapy — 2026 Edition

How to Use This Checklist

Work through each phase in order. Check off items as you complete them. Keep this checklist — and all written approvals — in a dedicated folder (physical or digital). Before starting any TMS treatment, confirm you have written authorization in hand. Never rely on verbal approvals.

50+
INSURANCE PLANS COVER TMS

$6K–$12K
FULL COURSE WITHOUT INSURANCE

$0–$500
TYPICAL OUT-OF-POCKET WITH COVERAGE

4
MIN. MEDICATION TRIALS FOR MEDICARE

1 Phase 1 — Understand Your Insurance Plan

Before anything else, call your insurance company. Ask to speak with a mental health benefits specialist.

Start with this script

"Hi, I'm calling about mental health benefits. I'd like to speak with a TMS (transcranial magnetic stimulation) specialist about coverage for CPT codes 90867, 90868, and 90869."

- [ ] **Confirm TMS is a covered benefit** on your specific health plan
- [ ] **Ask about prior authorization requirements** — most plans require it before treatment begins
- [ ] **Check the specific diagnosis code covered** — typically F32.1/F32.2 (MDD) or F33.1/F33.2 (recurrent MDD)
- [ ] **Verify TMS CPT codes are covered:**
  90867 — TMS motor threshold determination / mapping
  90868 — TMS treatment delivery
  90869 — Subsequent motor threshold re-determination
- [ ] **Ask about in-network vs out-of-network benefits** — in-network providers dramatically reduce your cost. Get the names of any in-network TMS clinics.
- [ ] **Get your deductible amount** and how much you've already met this year
- [ ] **Ask about copay or coinsurance** for outpatient mental health services (CPT 90867–90869)
- [ ] **Get a reference/case number** for the call — note the representative's name and ID
- [ ] **Ask about visit limits** — some plans cap the number of TMS sessions covered (e.g., 36 per lifetime)
- [ ] **Confirm coverage for maintenance sessions** — ongoing treatment after the acute course may need separate authorization

Pro Tip: Get Everything in Writing

Insurance companies can reverse coverage decisions. Always request a written confirmation of benefits via email or fax. If a representative says TMS is covered, ask for the confirmation number and a written summary mailed to your address.

2 Phase 2 — Confirm Medical Necessity Requirements

Insurers require documented proof that TMS is medically necessary. Know their criteria before your appointment.

What "Treatment-Resistant Depression" Means to Insurers

Most insurers define treatment-resistant depression (TRD) as failure to respond to **at least 2–4 antidepressant medications** at adequate dose and duration (minimum 6 weeks each). The definition varies by insurer — some are more lenient (2 trials), others stricter (4 trials). Know your plan's specific requirement before your consultation. Your psychiatrist can often document medication trials retroactively from clinical notes.

Medication Trial Documentation Needed

- Medication name and dosage for each trial
- Duration of each trial (minimum 6 weeks recommended)
- Reason for discontinuation (side effects, lack of efficacy)
- PHQ-9 or equivalent scores before and after each trial
- Provider notes documenting each trial over time
- Any documented adverse reactions or contraindications

Additional Clinical Documentation

- Current DSM-5 diagnosis with severity specifier
- PHQ-9 score at time of referral (most insurers require ≥10)
- Psychiatric evaluation summary (within 12 months)
- History of psychotherapy attempts
- Contraindication screening (no seizure history, no ferromagnetic implants)
- GAD-7 or PHQ-15 if comorbid anxiety is documented

> *"My clinic initially submitted a prior auth with just my medication list. It was denied in 20 minutes. When we added PHQ-9 scores for each trial and a detailed psychiatric evaluation, the same insurer approved it in 3 business days."*
>
> **— Jennifer L., TMS Coordinator, Atlanta (Aetna + BCBS submissions)**

3 Phase 3 — Prior Authorization Checklist

Your clinic submits the authorization request. Your job is to confirm it was submitted and track it.

1

Confirm Submission

Ask your clinic to confirm they've submitted the prior auth and get the submission date and tracking number.

2

Track the Timeline

Standard: 5–14 business days. Urgent/expedited: 72 hours. Call if you haven't heard back by day 14.

3

Peer-to-Peer Review

If denied, your psychiatrist can call the insurer's medical director directly. This resolves ~40% of denials.

4

Get Written Approval

Never start treatment without written authorization. A verbal approval is not sufficient protection.

What Your Clinic Should Submit (Prior Auth Package)

- Completed prior authorization request form (insurer-specific)
- Clinical necessity letter from the treating psychiatrist (1–2 pages)
- Letter of Medical Necessity (LMN) — see template in Phase 5
- Medication trial history with PHQ-9 scores for each trial
- Most recent psychiatric evaluation (within 12 months)
- Contraindication screening form (seizure history, metal implants, etc.)
- Relevant lab results or medical records supporting the diagnosis

4 Phase 4 — Insurer Requirements at a Glance

Coverage requirements vary significantly by insurer. Use this matrix as a starting point — always verify with your specific plan.

Insurance	Prior Auth	Min. Med Trials	PHQ-9	Key Notes
Medicare Part B	**Required**	**4 trials**	**≥ 10**	**Standard rTMS only. SAINT not covered. Covers NeuroStar, MagVenture TMS therapy.**
Medicaid	Required	2–4 (state)	≥ 10	Coverage varies dramatically by state. CA, NY, MA, IL have strongest Medicaid coverage.
Blue Cross Blue Shield	Required	2–4 (plan)	≥ 10	Many BCBS plans now cover Deep TMS (BrainsWay). Anthem, Empire, and Blue Shield of CA have extensive TMS networks.
Aetna	Required	4 trials	≥ 10	Requires documented medication failure. Aetna's criteria are among the most stringent. Peer-to-peer often effective.
Cigna	Required	2 trials (min)	≥ 10	More lenient criteria. Streamlined authorization process for participating providers. iTBS covered.
UnitedHealthcare	Required	4 trials	≥ 14	UHC TMS Center of Excellence program for approved providers. Optum behavioral health manages many plans.
Anthem	Required	2–4 (plan)	≥ 10	Anthem is the largest BCBS affiliate. Specific plan determines exact criteria. In-network TMS clinics vary by state.
Kaiser Permanente	Internal only	Varies	Varies	TMS must be ordered by a Kaiser physician. Very limited access — TMS may not be offered at all Kaiser regions.
Humana	Required	4 trials	≥ 10	Coverage policies vary between Humana Medicare Advantage and commercial plans. Verify specific plan.
Tricare (Military)	Required	4 trials	≥ 10	VA has expanded TMS significantly. Active duty Tricare requires physician referral. Limited civilian provider access.

Pro Tip: The Insurance Card Test

If your insurance card has a mental health carve-out (a separate phone number for behavioral health benefits), call that number instead of general member services. Mental health benefit specialists understand TMS — general reps often don't.

5 Phase 5 — If You're Denied: The Appeals Workflow

60–70% of TMS prior authorization appeals succeed. A denial is not the end — it's a starting point.

Don't Give Up — Most Denials Are Overturned

Initial denials are common (some insurers auto-deny first submissions). The key is responding with better documentation. Never pay out of pocket and hope for reimbursement without attempting the appeals process first.

1

Read the Denial Letter Carefully

It states the specific reason for denial. Common reasons: "insufficient medication trials," "not treatment-resistant," "provider not in network," or "not medically necessary." The reason tells you exactly what to address.

2

Request a Peer-to-Peer Call

Your psychiatrist calls the insurer's medical director directly. This is the fastest and most effective path. Prepare a one-page summary of why TMS is medically necessary for this specific patient.

3

File a Level 1 Written Appeal

Submit within 30–60 days (varies by plan). Include: appeal letter, additional clinical documentation addressing the denial reason, peer-to-peer notes, and patient history. More documentation = better odds.

4

Escalate if Needed

Level 2 internal appeal → External Independent Review (EIR) → State Insurance Commissioner complaint. Each escalation has a 30–60 day window — don't miss the deadline.

6 Phase 6 — What to Ask Your TMS Clinic

The right clinic handles insurance for you. Ask these 8 questions at every consultation.

- [ ] **"Do you handle prior authorization for TMS, or is that my responsibility?"** — Some clinics do everything; others leave it to the patient.
- [ ] **"Are you in-network with my specific insurance plan?"** — Not just "we accept most insurance." Get the plan name and verify.
- [ ] **"What's your prior authorization approval rate?"** — Quality clinics track this. A rate below 80% is a red flag.
- [ ] **"What will my exact out-of-pocket cost be?"** — Request a good-faith estimate in writing before starting.
- [ ] **"If insurance denies coverage mid-treatment, what are my options?"** — Know the clinic's policy before you start.
- [ ] **"Do you offer self-pay or payment plan options if insurance doesn't cover TMS?"** — Many clinics offer $150–$200/session self-pay rates.
- [ ] **"Which FDA-cleared TMS devices do you use?"** — NeuroStar, BrainsWay, MagVenture, and Nexstim are the major cleared devices.
- [ ] **"Who performs and supervises treatment — a physician, nurse, or technician?"** — The supervision model matters for quality and safety.
- [ ] **"Do you offer Theta Burst (iTBS) or only standard TMS?"** — iTBS is 3 min/session vs 20 min, with equivalent efficacy. More convenient.
- [ ] **"What's included in the treatment course — motor threshold, mapping, all sessions, follow-up?"** — Avoid surprise billing.

? Frequently Asked Questions

Q: Does Medicare cover TMS therapy?

A: Yes. Medicare Part B covers TMS for treatment-resistant MDD using FDA-cleared devices when provided by a Medicare-enrolled provider. The current LCD (Local Coverage Determination) requires documentation of 4 prior medication trials and a PHQ-9 score of ≥10.

Q: I've only tried 1–2 medications. Can I still get TMS covered?

A: Some insurers (Cigna, certain BCBS plans) require as few as 2 trials. If you've tried fewer, your psychiatrist can sometimes document that certain medications were contraindicated due to documented side effects, which can count toward the requirement.

Q: Does insurance cover TMS for OCD, anxiety, or PTSD?

A: FDA clearance covers MDD and OCD (BrainsWay Deep TMS). Insurance coverage for OCD is growing but less consistent than for MDD. Anxiety, PTSD, and other conditions are considered off-label — insurers generally don't cover TMS for these yet, though clinical trials are ongoing.

Q: What does TMS cost without insurance?

A: A full TMS course (36 sessions) typically costs $6,000–$12,000 self-pay, depending on the clinic and device. Many clinics offer payment plans, and self-pay rates of $150–$200/session are common for upfront full-course payments.

Q: How long does prior authorization take?

A: Most insurers respond within 5–14 business days. Expedited/urgent requests can be resolved in 72 hours. If you haven't heard back by day 14, call the insurer directly with the tracking number your clinic provided.

Glossary of TMS Insurance Terms

Key terms to know when navigating TMS coverage, prior authorization, and billing.

Authorization & Coverage Terms

Appeal — A formal request to reconsider a coverage denial. Level 1 is internal; Level 2 may be reviewed by an independent third party.

ARU (Authorization Request Unit) — The department at an insurance company that processes prior authorization requests.

Authorization (Prior Auth) — Written approval from an insurer before TMS treatment begins. Must be obtained before the first session.

Binding — A decision that is final and must be followed, unless appealed successfully.

Clean Claim — A claim submitted without errors that can be processed and paid without additional information.

COB (Coordination of Benefits) — Determining which insurer pays first when a patient has multiple policies.

Deductible — The amount a patient pays out-of-pocket before insurance coverage begins. Reset annually.

EOB (Explanation of Benefits) — A statement from the insurer showing what was billed, what was covered, and what the patient owes.

G-Code — Healthcare Common Procedure Coding System code used for certain behavioral health services.

LCD (Local Coverage Determination) — Medicare's rules for what is covered in a specific geographic region. Governs TMS criteria for Medicare patients.

Medical Necessity — The standard that a treatment must be medically appropriate and provided according to accepted standards of care.

NCD (National Coverage Determination) — Medicare's national policy on whether a service is covered. Applies to all Medicare regions.

Peer-to-Peer Review (P2P) — A direct phone call between the treating psychiatrist and the insurer's medical director to discuss a case.

Prior Authorization — Approval required before treatment. Includes clinical documentation and may require peer-to-peer review.

TRD (Treatment-Resistant Depression) — Failure to respond to adequate trials of 2–4 antidepressant medications. The standard gate for TMS insurance coverage.

Billing & Reimbursement Terms

CPT Code — Current Procedural Terminology. The code for a medical procedure: 90867, 90868, 90869 for TMS.

Modifier — A two-digit code appended to a CPT code that provides additional context (59, 76, 77, XE, XS, XU).

FAIR Health — A nonprofit database of medical and dental claims data used to determine reasonable charges.

Fee Schedule — The agreed-upon rate between a provider and insurer for specific services.

In-Network vs Out-of-Network — In-network providers have contracted rates with an insurer. Out-of-network providers can charge more, and patients pay more.

OIG (Office of Inspector General) — Federal agency that investigates healthcare fraud and abuse.

R&C (Reasonable & Customary) — The maximum amount an insurer will reimburse for a service in a given geographic area.

Timely Filing — The deadline for submitting a claim to an insurer (typically 90 days to 1 year from date of service).

DRG (Diagnosis-Related Group) — A system Medicare uses to classify hospital cases and determine reimbursement.

Copay / Coinsurance — Copay is a fixed amount per visit; coinsurance is a percentage of the allowed amount. Both count toward out-of-pocket costs.

PHQ-9 — Patient Health Questionnaire-9. A standardized depression severity score (0–27). Most insurers require a score ≥10 for TMS.

Key TMS CPT Codes to Know

90867 Motor threshold / mapping	**90868** Treatment delivery
90869 Subsequent MT redetermination	**96127** PHQ-9 administration (+ scoring)

FREE PRINTABLE — CUT ALONG THE DOTTED LINE

Questions to Ask Your TMS Doctor

Bring this checklist to your consultation. Get clear answers before committing to treatment.

Before Your Consultation

- [ ] "Are you in-network with my insurance plan?"
- [ ] "Do you handle prior authorization for me?"
- [ ] "What's my estimated out-of-pocket cost?"
- [ ] "What's your approval rate for TMS insurance?"
- [ ] "What TMS devices do you offer? iTBS too?"

About Treatment Logistics

- [ ] "How many sessions will I need and how often?"
- [ ] "How long is each session? Can I drive after?"
- [ ] "Who supervises treatment — physician or tech?"
- [ ] "What side effects should I expect?"

About Insurance & Coverage

- [ ] "How many medication trials do you document?"
- [ ] "If I'm denied, what's your appeal process?"
- [ ] "What if insurance stops covering mid-treatment?"
- [ ] "Do you offer payment plans if I self-pay?"

About Outcomes & Next Steps

- [ ] "What success rate do you see with your patients?"
- [ ] "When will I know if TMS is working for me?"
- [ ] "What maintenance plan do you recommend?"
- [ ] "Can I speak with a former patient about their experience?"

More TMS resources at

tmslist.com

Patient Stories

> *"After 3 antidepressant medications and 18 months of therapy, I was running out of options. TMS gave me my life back — and my insurance covered 90% of the cost. The prior auth process was the hardest part, but it was worth every phone call."*
>
> **— Marcus D., Chicago, IL (UnitedHealthcare, 2024)**

> *"I almost didn't try because I assumed it wouldn't be covered. My clinic ran the prior auth as part of their intake process — it was approved in 6 days and I paid $180 total for a full course."*
>
> **— Amanda R., Phoenix, AZ (Cigna, 2025)**

Continue Your TMS Journey

Find a TMS Clinic Near You

1,100+ verified clinics in our directory. Filter by your insurance, location, and preferred device.

tmslist.com/map/

Take the Candidacy Quiz

2-minute assessment based on the same criteria psychiatrists use to evaluate TMS eligibility.

tmslist.com/quiz/

Estimate Your TMS Cost

Calculator that accounts for your insurance, deductible, and expected number of sessions.

tmslist.com/tms-cost-calculator/

Next Steps — Your TMS Coverage Checklist

- **Today**
  Call your insurance. Get your deductible status and TMS coverage confirmation.
- **This Week**
  Schedule a TMS consultation. Ask the clinic if they handle prior authorization for you.
- **Before Treatment**
  Receive written insurance authorization. Never start without it.
- **During Treatment**
  Track PHQ-9 scores weekly. Document every session. Keep all receipts and EOBs.
- **After Treatment**
  Check EOBs for billing errors. Ask about maintenance authorization for ongoing care.

THE FREE RESOURCES LIBRARY

Keep going — there's more where this came from.

This guide is one piece of a free library we publish for patients researching TMS and providers running TMS clinics. Every resource below is a full PDF — no fluff, no upsell.

The Complete TMS Buyer's Guide

PATIENT

Everything to choose the right TMS provider.

tmslist.com/downloads/tms-buyers-guide.pdf →

TMS vs Medication Comparison

PATIENT

Outcomes, side effects and cost, side by side.

tmslist.com/downloads/tms-vs-medication.pdf →

TMS Billing & CPT Codes 2026

PROVIDER

Reimbursement reference for billers and coders.

tmslist.com/downloads/tms-billing-cpt-codes-2026.pdf →

Prior Authorization Template Kit

PROVIDER

Approval-ready letter and appeal templates.

tmslist.com/downloads/tms-prior-authorization-template-kit.pdf →

Patient Acquisition Playbook

PROVIDER

Channels, scripts and funnels that convert.

tmslist.com/downloads/tms-patient-acquisition-playbook.pdf →

Starting a TMS Clinic — Business Plan

PROVIDER

Full plan with pro-forma, equipment and staffing.

tmslist.com/downloads/starting-a-tms-clinic-business-plan.pdf →

Patient Outcome Tracking System

PROVIDER

PHQ-9 / GAD-7 workflow with templates.

tmslist.com/downloads/tms-patient-outcome-tracking-system.pdf →

Technician Training Checklist

PROVIDER

Onboard new TMS technicians faster.

tmslist.com/downloads/tms-technician-training-checklist.pdf →

State Regulations Guide 2026

PROVIDER

Compliance and licensure by state.

tmslist.com/downloads/tms-state-regulations-guide-2026.pdf →

Building a TMS Referral Network

PROVIDER

Outreach scripts and CRM cadence that work.

tmslist.com/downloads/building-tms-referral-network.pdf →

Browse the full library online

New guides, calculators and templates added each quarter.

tmslist.com/resources →

tmslist.com