Transcranial Magnetic Stimulation (TMS) FAQs

For TRICARE West Region Providers

As outlined in the TRICARE Policy Manual, Chapter 7, Section 3.7, TRICARE covers TMS only for Major Depressive Disorder (MDD). Prior authorization is required to ensure the beneficiary has not effectively responded to a less intensive form of treatment or that a less intensive treatment is not more appropriate. This is interpreted as TMS being covered for Treatment-Resistant Depression when clinical documentation supports TMS as being medically necessary.

TRICARE will typically approve 36 sessions over a 90-day period. Clinicians are expected to document a thorough history prior to requesting TMS authorizations, including an anti-depressant medication history (dose, duration, response) and a TMS contraindication review. Clinicians are also expected to measure beneficiary response during treatment using objective scales, observations, and patient self-reporting. TMS is presumed to be time limited. Extensions will be approved only as exceptions to policy on a case-by-case basis, and only if clearly justified by clinical documentation.

Q1: Where can I find the most up-to-date information about TRICARE TMS Coverage?

A1: The latest TMS coverage policy can be found on the TRICARE West Region Provider Resources website under Medical Coverage Policies.

Q2: What types of TMS are covered by TRICARE?

A2: TRICARE only covers Repetitive TMS (rTMS) and Deep TMS (dTMS) for MDD. It does not cover TMS for Posttraumatic Stress Disorder. Other protocols and devices may use similar equipment, principles, and technology as TMS like Magnetic e-Resonance Therapy (MeRT) and Stanford Accelerated Intelligent Neuromodulation Therapy (SAINT), but they are viewed as emerging technologies.

Q3: Does TRICARE cover TMS for any conditions besides MDD?

A3: No, TRICARE only covers TMS for MDD. It does not cover TMS for:

- Posttraumatic Stress Disorder
- Obsessive-Compulsive Disorder
- depressive episodes associated with Bipolar Disorder
- any other psychiatric or medical conditions

Documentation must clearly articulate why the diagnosis of MDD is most appropriate and how diagnoses with similar presentations (for example, Bipolar Disorder, Persistent Grief Disorder, Depressive Disorder due to Other Medical Condition, etc.) have been ruled out.

Q4: What is considered Treatment-Resistant Depression (TRD)?

A4: TRICARE West Region defines TRD as depression that has:

- inadequately responded to two separate medication trials from different classes with Food and Drug Administration-approved indication for the non-adjunctive treatment of MDD
  - taken as prescribed for at least six weeks at a maximally indicated dose, unless curtailed by intolerable side effects

Q5: What medications are considered antidepressants?

A5: Antidepressants include medications approved by the FDA for the non-adjunctive treatment of MDD. This does not include medications approved as adjunctive agents or those commonly used to augment antidepressants.

Q6: How much information do I need regarding past antidepressant trials?

A6: Documentation should include:

- antidepressant medication name
- date range (or duration of time) when it was taken by the beneficiary
- maximum dose achieved
- the response or reason for discontinuation

Q7: Do TMS Patients have to complete psychiatric outcome measures?

A7: Yes, measures such as the PHQ-9, the MADRS, or the HAM-D must be completed at baseline and at least every 60 days when treating TRICARE patients. Practitioners must submit recent outcome measure scores when requesting authorization for TMS, along with a narrative description of the beneficiary's depression that includes information such as precipitating and perpetuating factors, chronology, hospitalizations, functional limitations, current state, etc.

Q8: Is a trial of psychotherapy required?

A8: There is no requirement for a psychotherapy trial. However, psychotherapy in combination with pharmacologic treatment is known to improve depression faster than either alone, and is encouraged where appropriate.

Q9: What medical contraindications to TMS must be evaluated?

A9: Providers must screen the patient for and document no history of:

- seizures
- ferromagnetic material anywhere in the head other than the mouth
- a cardiac pacemaker
- an implanted defibrillator
- an implanted medical pump
- severe cardiovascular disease

Q10: Does TRICARE cover maintenance TMS?

A10: Generally, maintenance TMS is not approved. TMS is presumed to be time-limited and is typically approved for 36 sessions over a 90-day period. However, exceptions to policy may be possible if extenuating circumstances prevented a beneficiary from being able to complete an authorized course of TMS or there is a clearly justified reason for an extension documented in the record.

Q11: Does TRICARE cover TMS for children and adolescents?

A11: No. As of April 2026, TRICARE only covers TMS for beneficiaries ages 18 and older.

Q12: Which providers can perform TMS under TRICARE?

A12: In accordance with TRICARE Policy Manual, Chapter 7, Section 3.7, TMS must be performed by a qualified TRICARE provider of mental health services. These providers include:

- psychiatrists and other physicians
- clinical psychologists
- certified psychiatric nurse specialists
- certified clinical social workers
- certified mental health counselors
- certified marriage and family therapists

Additionally, the provider must meet their state licensure or professional certification requirements to administer TMS.

Q13: What level of supervision (physically present, virtually present, etc.) is required by the responsible TMS provider?

A13: TRICARE West Region understands that many providers who perform TMS hire technicians to conduct the actual TMS delivery for the ongoing sessions after the initial brain mapping is complete. In accordance with the TRICARE manuals and CMS requirements effective January 1, 2026, virtual direct supervision through audio or video real-time communications technology by the TMS provider is acceptable. This supervision should be documented in the encounter note.