24 7 Medical Billing Services

Top Reasons TMS Claims Get Denied

Avoid common billing pitfalls to protect your revenue.

No Prior Authorization

Missing Prior Authorization

Problem

Most payers require it before treatment begins.

Solution

Confirm pre-approval is obtained and documented.

Lack of Medical Necessity Documentation

Insufficient Medical Necessity

Problem

Payers need proof that TMS is clinically justified.

Solution

Include diagnosis, treatment history, and failed medication trials.

CPT Code Errors

Incorrect Use of CPT Codes

Problem

Common codes:
90867 – Initial session
90868 – Subsequent sessions
90869 – With re-evaluation

Solution

Match the session type with the right code. Use modifiers if required.

Non-Covered Diagnosis

Diagnosis Not Covered by Policy

Problem

TMS is usually covered for Major Depressive Disorder only.

Solution

Ensure ICD-10 codes are on the payer's covered list.

Incomplete Treatment Logs

Missing or Incomplete Logs

Problem

Payers may deny without a session record.

Solution

Log every session with date, settings, and clinical notes.

Session Limit Exceeded

Exceeding Authorized Limits

Problem

Most payers cap the number of sessions per course.

Solution

Track session count. Request reauthorization when nearing limits.

Premature Billing

Billing Before Treatment

Problem

Claims billed before sessions begin are rejected.

Solution

Only bill after the service has been delivered and documented.

Uncredentialed Provider

Provider Not Authorized

Problem

Claims may be denied if the provider is not credentialed with the payer.

Solution

Verify that your provider is enrolled and approved for TMS delivery.

Want to avoid TMS denials?

Audit your billing process.
Check payer policies.
Strengthen your documentation.

Need help? Partner with TMS billing experts who know the rules.

+1 888-502-0537
sales@247medicalbillingservices.com
info@247medicalbillingservices.com
www.247medicalbillingservices.com