TMS prior authorization requirement removal

Frequently asked questions for contracted providers
Effective March 6, 2026

Evernorth® Behavioral Health (Evernorth) is committed to easing your administrative burden to help you deliver timely care to your patients.

We are pleased to announce that effective March 6, 2026, we will remove prior authorization requirements for transcranial magnetic stimulation (TMS) for Evernorth contracted providers whose patients have coverage under Evernorth and Cigna Healthcare® plans. *Noncontracted providers must continue to obtain prior authorization for TMS.*

Questions and answers

1. **Is prior authorization required for out-of-network providers?**
   Yes. Out-of-network providers will be subject to medical necessity reviews based on the TMS coverage policy. Some plans may not require prior authorization—even for out-of-network providers—depending on the Summary Plan Description. Please confirm during the benefit check whether prior authorization is required for TMS.

2. **Do network exception requests still require prior authorization for TMS?**
   Yes. This is business as usual. Out-of-network providers should use the Transcranial Magnetic Stimulation (TMS) Request Form to request prior authorization and network exception. *Please note there are still some accounts that do not require prior authorization for TMS for the Out-of-Network Benefit category.*

   If the TMS prior authorization request is:

   - For an out-of-network exception only and there are no outpatient services requiring prior authorization, it will follow the network exception process.
   - From an out-of-network provider and the account requires prior authorization for outpatient utilization, it will be subject to medical necessity review and review of our network.
   - For a Cigna Connect Individual & Family Plan customer who travels out of their insured state for TMS, it may be subject to medical necessity review.

   The Transcranial Magnetic Stimulation (TMS) Request Form is available on the Evernorth Provider website (Provider.Evernorth.com) > Find the right forms: Forms Center.

3. **Will providers be reimbursed for multiple TMS sessions per day?**
   We encourage you to follow the U.S. Food and Drug Administration protocols when administering treatment, which providers may apply at their discretion up to the Medically Unlikely Edits limit:

   - Current Procedural Terminology (CPT®) code 90867 is allowed one unit per day.
   - CPT code 90868 is allowed two units per day.
   - CPT code 90869 is allowed two units per day.

4. **How do providers verify patient benefits, eligibility, and prior authorization requirements?**
   Continue to use the same process that you use today before rendering services.

   - Call Provider Services at **800.926.2273** *or*
     Registered users may log in to the secure portal at Provider.Evernorth.com (register here). *The portal provides 24/7 secure access to patient information such as eligibility and benefits. You can also check prior authorization requirements, view remittance reports, enroll in electronic funds transfer, and make directory profile updates.*
   - Use the Coverage Confirmation Grid (an Excel spreadsheet) to verify general benefits and eligibility, including a specific provider's network status, prior authorization requirements, and accumulation information. *A completed grid will be returned via secure email within one business day from the date it was received.*

EVERNORTH® HEALTH SERVICES

If you have any questions, please call Provider Services at 800.926.2273.

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