

TMS protocols explained

Questions about rTMS, deep TMS, theta burst and accelerated schedules.

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TMS protocol names describe equipment, pulse patterns or schedules. They do not tell you which option fits your health history. Ask the clinic to write the device name, protocol and intended indication on your care plan.

Separate the terms

NICE describes conventional rTMS as trains of individual pulses. Theta burst uses trains of short pulse bursts. The coil is held against the scalp. Imaging may help the team choose the target. These descriptions come from NICE IPG542, now HTG396, published in December 2015.

Deep TMS is a device and coil approach. It is not a synonym for an accelerated schedule. Neuronavigation describes how a target is located. It does not establish which pulse pattern or visit schedule is used.

Accelerated TMS means a schedule with more than one session in a day. NIMH describes this separately from the usual daily schedule. Ask how long you must remain at the clinic, including breaks. Do not assume all accelerated schedules are SAINT.

Check the exact clearance

For depression, CMS LCD L33398 records the first NeuroStar marketing clearance in 2008. The FDA clearance letter for the Mag Vita system with theta burst is dated 14 August 2018. These dates concern specific devices, not a ranking of protocols.

The FDA record for the Magnus system with SAINT technology is dated 1 September 2022. That clearance is for the named system and its labelled use. It does not apply to every clinic that uses the word accelerated.

The FDA permitted marketing of a BrainsWay system for OCD on 17 August 2018. The smoking cessation record has an original clearance date of 21 August 2020. Neither record makes all TMS devices interchangeable.

Ask whether your proposed use follows the current device label. Ask the clinician to explain any use outside that label, the alternatives and the consent process. Ask the insurer to confirm the exact protocol in writing.

Sources

- FDA, Mag Vita TMS Therapy System with Theta Burst Stimulation, K173620, 14 August 2018. https://www.accessdata.fda.gov/cdrh_docs/pdf17/K173620.pdf. Fetched 2026-10-29.
- CMS, LCD L33398, revision effective 9 August 2026. <https://www.cms.gov/medicare->

[coverage-database/view/lcd.aspx?lcdid=33398](https://www.accessdata.fda.gov/cdrh_docs/pdf22/K220177.pdf). Fetched 2026-10-29.

- NICE, *Repetitive transcranial magnetic stimulation for depression*, published 16 December 2015 as IPG542; now HTG396. [Procedure](#) and [safety](#). Fetched 2026-10-29.
- NIMH, *Brain Stimulation Therapies*, reviewed March 2024. <https://www.nimh.nih.gov/health/topics/brain-stimulation-therapies/brain-stimulation-therapies>. Fetched 2026-10-29.
- FDA, Magnus Neuromodulation System with SAINT Technology, K220177, clearance letter 1 September 2022. https://www.accessdata.fda.gov/cdrh_docs/pdf22/K220177.pdf. Fetched 2026-10-29.
- FDA, *FDA permits marketing of transcranial magnetic stimulation for treatment of obsessive compulsive disorder*, 17 August 2018. <https://www.fda.gov/news-events/press-announcements/fda-permits-marketing-transcranial-magnetic-stimulation-treatment-obsessive-compulsive-disorder>. Fetched 2026-10-29.
- FDA, BrainsWay Deep TMS System, K200957. Original clearance 21 August 2020; administrative letter 2 June 2021. https://www.accessdata.fda.gov/cdrh_docs/pdf20/K200957.pdf. Fetched 2026-10-29.

Confirm suitability, protocol and cost with a qualified clinician.

Frequently asked questions

Can this guide decide whether TMS is suitable for me?

No. Confirm suitability, protocol and cost with a qualified clinician.