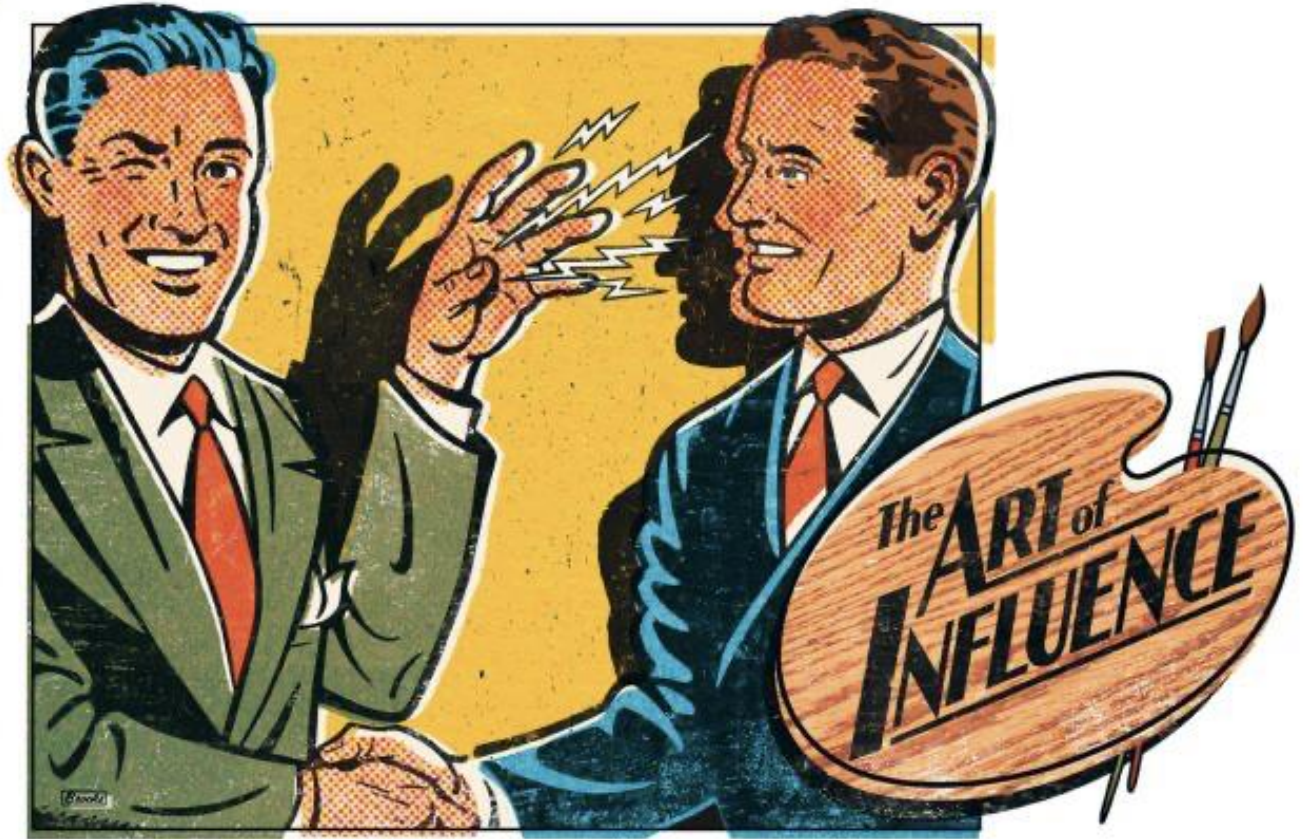


# How to Influence the Insurance Industry: Two Important Steps for Every TMS Clinician

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# CME Objectives

- Understand two practical steps any TMS practice based in the United States can take to align insurance TMS coverage policies with the CTMSS ideal coverage policies
- Describe the AMA and APA definitions of Medical Necessity and the CTMSS Ideal Coverage Policies for Major Depression and Obsessive Compulsive Disorder.
- Prescribe TMS based on generally accepted standards of medical practice rather than standards driven by the insurance industry.
- Understand, perform, and win more medical necessity reviews (“peer-to-peers”) to improve patient access to TMS.

# APA/AMA Definition of Medical Necessity

- The American Psychiatric Association endorses the statement from the American Medical Association which defines “medical necessity” as:
- “. . . Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, or its symptoms in a manner that is:
  - (1) in accordance with the generally accepted standards of medical practice;
  - (2) clinically appropriate in terms of type, frequency, extent, site and duration; and
  - (3) not primarily for the economic benefit of the health plans and purchasers or for the convenience of the patient, treating physician, or other health care provider.”

<https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2016.9b14>

[https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwibn\\_TS0uv1AhUDJkQIHZ1vA7oQFnoECAkQAw&url=https%3A%2F%2Fwww.psychiatry.org%2FFile%2520Library%2FAbout-APA%2FOrganization-Documents-Policies%2FPolicies%2FPosition-Medical-Necessity.pdf&usg=AOvVaw0oCevNzQ3QKpTw6ISzGqeI](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwibn_TS0uv1AhUDJkQIHZ1vA7oQFnoECAkQAw&url=https%3A%2F%2Fwww.psychiatry.org%2FFile%2520Library%2FAbout-APA%2FOrganization-Documents-Policies%2FPolicies%2FPosition-Medical-Necessity.pdf&usg=AOvVaw0oCevNzQ3QKpTw6ISzGqeI)

# APA/AMA Definition of Medical Necessity: Part 2

- The APA believes that medical necessity criteria should be developed jointly by professional societies, payers and regulatory agencies using evidence based clinical standards of care (including practice guidelines where available). Medical necessity criteria used for a Particular service should be consistent for similar services across various payers. Criteria for determination of medical necessity should be easily and publicly available to healthcare providers and patients to help assure transparency for all parties.
- The APA will continue to advocate for fairness, accuracy, and transparency of medical necessity determinations made by government agencies, managed care organizations, third party payers, and private sector health care accreditation organizations.

*Author: Council on Healthcare Systems and Financing*

# Medicare: Medically Necessary

- Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.
- Medicare does not have a National Coverage Determination (NCD). Local Coverage Determinations (LCDs) and Local Coverage Articles (LCAs) exist; see the LCDs and/or LCAs for Repetitive Transcranial Magnetic Stimulation (rTMS) in Adults with Treatment Resistant Major Depressive Disorder and Transcranial Magnetic Stimulation for Major Depressive Disorder.



# Medicaid

- There isn't a definitive interpretation for "medically necessary" for the federally mandated, state-administered [Medicaid](#) program. This means that the definitions used to determine the necessity standard come from state government laws and regulations. Many states define "medically necessary" in terms of cost considerations that correlate with the goals of keeping their Medicaid costs low.
- Although there are differences in each state, they often correspond to the Medicare definition of prescriptions and services "necessary for diagnosis or treatment of the condition, illness, or injury."
- Other commonalties among state definitions include provisions that the treatment:
  - Is generally consistent with accepted principles of medical practice;
  - Isn't experimental;
  - Is within the bounds of community standards of care; and
  - Significantly benefits the patient and isn't provided [only as a convenience](#) to the patient or to the physician.



# Private Payers

- Medical Necessity definitions for private insurance are found within contracts between the patients and the insurance companies (member benefits).
- Sometimes Publicly available on Private Payer websites
- These benefits can be subject to state regulation (huge variation)
- Example:

[Massachusetts' definition](#) is "health care services that are consistent with generally accepted principles of professional medical practice."

# The Problem with Medical Necessity

- Access to health services in both managed care plans or plans offered by private payers and in government health care programs can depend in part on the *medical necessity* of a service provided. The definition of the term *medical necessity* varies depending upon whether the term is being used by providers, physicians, courts, government insurers, private insurers, or consumers.
- Different stakeholders have different views

<https://www.law.uh.edu/healthlaw/perspectives/Managed/001129Difficulties.html>

Group Discussion: Should the CTMSS have a published definition of Medical Necessity?

# Clinical TMS Society: Ideal Coverage Policies

## MDD

- Indicated after 1 or more failures to medication
- or*
- Hx of responding to TMS in the past

## OCD

- Indicated after 2 OCD treatment failures, (2 meds or 1 med + Psychotherapy)
- or*
- Hx of responding to TMS in the past

Group Discussion: Given the previous definitions of Medical Necessity how should TMS Clinicians prescribe TMS? (based on)

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Describe the Prior Authorization Process (Group Discussion)

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Group Discussion: Describe and Define a  
Successful Peer-to-Peer?

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# Key Things to Do to Improve Medical Necessity Reviews (Peer to Peers)

- Set aside regular times each week to do Peer-to-Peer's
- Prior to the Peer to Peer:
  - Understand why you are prescribing TMS for your patient and the clinical evidence as well as the community standards of practice that support it.
  - Know your patient in detail!
  - If you are changing the patient's diagnosis, then be able to demonstrate the diagnostic process you went through
  - Speak and review your recommendations with other members of the treatment team (Primary Care, Therapist etc.)

# During the Peer to Peer Do These Things! (Part 1)

- Strike a collaborative tone
- Be curious about who the reviewer is and their background
- Present your case, findings and medical necessity. Tell a story and be specific about your patient.
- Listen to the reviewer. Let them state their determination and the reasons why they are approving or not approving.
- Ask the reviewer for their clinical recommendations, "What are your thoughts about this case and what would help this patient recover from depression?"
- Create Shared Solutions!

## During the Peer to Peer Do These Things! (Part 2)

- Thank the reviewer for their time and input to the case.
- Ask them if you can send them the CTMSS ideal coverage policy and the peer reviewed published clinical standards.
- Ask them when the next review of the insurance policy is going to take place.
- Ask them how provider members of the insurance network can provide comment or input on the payor's policy
- Email a follow up thank you with key publications supporting your treatment plan

# Don't Do These Things during the Peer to Peer!

- Interrupt the reviewer
- Criticize the reviewer for supporting the medical payor policy (Be constructive with the reviewer- "How can I get you more information about TMS?")
- Shame the reviewer
- Blame the reviewer for the payor policy
- Threaten the reviewer "If my patient does not get better or dies, I am going to go after ..."



## Next Steps

There are multiple barriers patients face to access TMS therapy. One barrier is the difference in insurance industry coverage policies. There are two steps clinicians who provide TMS therapy can take to improve access:

- 1) Prescribe TMS based on generally accepted standards of medical practice
- 2) Conduct more peer-to-peers with success

# References

- American Psychiatric Association. (2020, December 1). Position Statement on Medical Necessity. Retrieved February 23, 2022, from [https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwibn\\_TS0uv1AhUDJkQIHZ1vA7oQFnoECAkQAw&url=https%3A%2F%2Fwww.psychiatry.org%2Ffile%2520Library%2FAbout-APA%2FOrganization-Documents-Policies%2FPolicies%2FPosition-Medical-Necessity.pdf&usq=AOvVaw0oCevNzQ3QKpTw6ISzGqel](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwibn_TS0uv1AhUDJkQIHZ1vA7oQFnoECAkQAw&url=https%3A%2F%2Fwww.psychiatry.org%2Ffile%2520Library%2FAbout-APA%2FOrganization-Documents-Policies%2FPolicies%2FPosition-Medical-Necessity.pdf&usq=AOvVaw0oCevNzQ3QKpTw6ISzGqel).
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- *Today's Law As Amended - SB-855 Health coverage: mental health or substance use disorders*. California Legislative Information. (2020, November 18). Retrieved February 24, 2022, from [https://leginfo.ca.gov/faces/billCompareClient.xhtml?bill\\_id=201920200SB855&showamends=false](https://leginfo.ca.gov/faces/billCompareClient.xhtml?bill_id=201920200SB855&showamends=false)
- U.S. Centers for Medicare and Medicaid Services. (n.d.). *Glossary*. Medicare. Retrieved February 23, 2022, from <https://www.medicare.gov/glossary/m>

# Appendix

- Educational Resources for Members and for Medical Directors of Insurance Companies
- An Example of a Private Payor's Definition of Medical Necessity
- Draft of CTMSS Medical Necessity to Consider

# Educational Resources for Medical Directors of Insurance Companies on the CTMSS Web Site



CTMSS CME Webinars



Download the following PowerPoint presentation as a resource to help educate others about TMS from the CTMSS website

[https://www.clinicaltmsociety.org/sites/default/files/tms\\_basic\\_slides\\_-\\_revision\\_10-22-20.pptx](https://www.clinicaltmsociety.org/sites/default/files/tms_basic_slides_-_revision_10-22-20.pptx)



Resident Webinar done by Mark George



# Resources in the Members Only Section



Navigation bar: Home, About, TMS Therapy, Membership, Events, Resources, Job Board, News, Find a Provider

Richard A. Bermudes

A circular profile picture of Richard A. Bermudes, a man with short hair, wearing a suit and tie, smiling.

Richard A. Bermudes

Profile, Find a Provider, Membership, Password

- > LATEST NEWS
- > UPCOMING EVENTS
- > GRAND ROUND WEBINARS
- > ON-DEMAND WEBINARS
- > ORGANIZATIONAL DOCUMENTS
- > LEADERSHIP

ORGANIZATIONAL

MEETING  
MINUTES

FINANCIALS

COMMITTEE  
RESOURCES

## Clinical Standards

[CTMSS Supervision of TMS](#)

[CTMSS Theta Burst Statement](#)

<https://www.clinicaltmssociety.org/dashboard>

- > MEMBER DIRECTORY
- > LISTSERV GUIDELINES

## Insurance Committee

### TMS and Physician Supervision

2021-01-27

 [tms\\_and\\_physician\\_supervision.pdf](#)


### TMS for Moderate Depression

2021-01-27

 [tms\\_for\\_moderate\\_depression.pdf](#)

### TMS for Patients with Fewer than 4 Medication Failures

2021-01-27

 [tms\\_for\\_patients\\_with\\_fewer\\_than\\_4\\_medication\\_failures.pdf](#)

### TMS Maintenance Treatment

2021-01-27

 [tms\\_maintenance\\_treatment.pdf](#)

### TMS Reintroduction to Treat Relapse

2021-01-27

 [tms\\_reintroduction\\_to\\_treat\\_relapse.pdf](#)

### CTMSS Recommended OCD Coverage Policy

2021-01-28

 [ctmss\\_recommended OCD coverage policy.pdf](#)

### CTMSS Recommended MDD Coverage Policy

2021-08-10

 [ctmss\\_recommended mdd coverage policy.pdf](#)

# A Private Payor's Definition: Cigna

"Medically Necessary" or "Medical Necessity" means health care services that a physician, exercising prudent clinical judgment, would provide to a patient. The service must be:

- For the purpose of evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms
- In accordance with the generally accepted standards of medical practice
- Clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for the patient's illness, injury, or disease
- Not primarily for the convenience of the patient, health care provider, or other physicians or health care providers
- **Not more costly than an alternative service or sequence of services** at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury, or disease

## Cigna's Definition: Part 2

For these purposes, "generally accepted standards of medical practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community
- Physician Specialty Society recommendations
- The views of physicians practicing in the relevant clinical area
- Any other relevant factors

# CTMSS Definition of Medical Necessity Part 1 (Draft)

- The **Clinical TMS Society** endorses the statement from the American Medical Association which defines “medical necessity” as:
- “ . . . Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, or its symptoms in a manner that is:
  - (1) in accordance with the generally accepted standards of medical practice;
  - (2) clinically appropriate in terms of type, frequency, extent, site and duration;  
and
  - (3) not primarily for the economic benefit of the health plans and purchasers or for the convenience of the patient, treating physician, or other health care provider.”

## CTMSS Definition of Medical Necessity Part 2 (Draft)

- The CTMSS believes that medical necessity criteria should be developed jointly by not for profit professional societies, ~~payers~~ patient advocacy organizations, and regulatory agencies using evidence based clinical standards of care (including practice guidelines where available).
- Medical necessity criteria used for a ~~Particular service~~ TMS services should be consistent for similar services (e.g. Electroconvulsive Therapy (ECT) and Spravato (esketamine) Nasal Spray) across various payers. Criteria for determination of medical necessity should be clearly written, easily operationalized as well as ~~consistent easily~~ and publicly available to ~~healthcare~~ providers of TMS services and patients to help assure transparency for all parties.
- The CTMSS will continue to advocate for fairness, accuracy, and transparency of medical necessity determinations made by government agencies, managed care organizations, third party payers, public payors and private sector health care accreditation organizations.

# Medical Necessity: State Legislatures

- Example of a State's Definition: California ([SB-855 Health coverage: mental health or substance use disorders. SB-855 Health coverage: mental health or substance use disorders.](#))
- “medically necessary treatment of a mental health or substance use disorder” means a service or product addressing the specific needs of that patient, for the purpose of preventing, diagnosing, or treating an illness, injury, condition, or its symptoms, including minimizing the progression of that illness, injury, condition, or its symptoms, in a manner that is all of the following:
  - (i) In accordance with the generally accepted standards of mental health and substance use disorder care.
  - (ii) Clinically appropriate in terms of type, frequency, extent, site, and duration.
  - (iii) [Not primarily for the economic benefit of the health care service plan](#) and subscribers or for the convenience of the patient, treating physician, or other health care provider.