Lessons Learned From U.S. Insurance

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Co-Chairs, CTMSS Insurance Committee

Disclosures

- Carlene MacMillan, MD:
  - Co-Chair CTMSS Insurance Committee and CTMSS Board of Directors members
  - Co-Chair AACAP Consumer Issues Committee
  - Chief Medical Officer, Osmind (Mental health EHR company)
  - Co-Founder, Fermata (Interventional Clinic using Brainsway TMS machines)
  - Prior: Brooklyn Minds Founder→ Acquired by Curated Mental Health
  - Spouse: Consultant for Magnus Medical, CMO iRx Reminder, Acacia (clinics)
  - Stock in Brainsway on open market
  - Ketamine Taskforce VP
- Baron Short, MD:
  - Co-Chair CTMSS Insurance Committee and CTMSS Board of Directors members
  - Board of Directors Foundation of the Advancement of TMS (FAC) founding member
  - Medical Director, Brain Stimulation Service
  - KOL for Neuronetics
  - Co-Founder, Zendo (health & wellness brain stimulation device)

Agenda

- Areas of focus for Payers and the Insurance Committee
- Updates to Policies
- MDD Coverage: Timeline and Case Example
- OCD Coverage: Timeline and Case Example
- Novel Payment Models
- Tips and Resources for Practices

Area of Focus	Payer Stance	Committee Stance
# of Antidepressant Trials	2-4	1-2
Therapy Requirement	Typically yes, Optum- no	No
Covered Diagnoses	MDD + some OCD	MDD,BPAD depressed, OCD
Supervision	Some Direct some General	No going after
Scope of Practice	Varies	Have not actively pursued
Re-treatment	>3 months	Preservation but not pursuing
Maintenance	None	Preservation but not pursuing
Theta Burst	No- Neutral	Have not actively pursued
Accelerated & NeuroNav	Mostly No	Not pursuing yet
Prior-Authorization	Most Require	Not pursuing yet

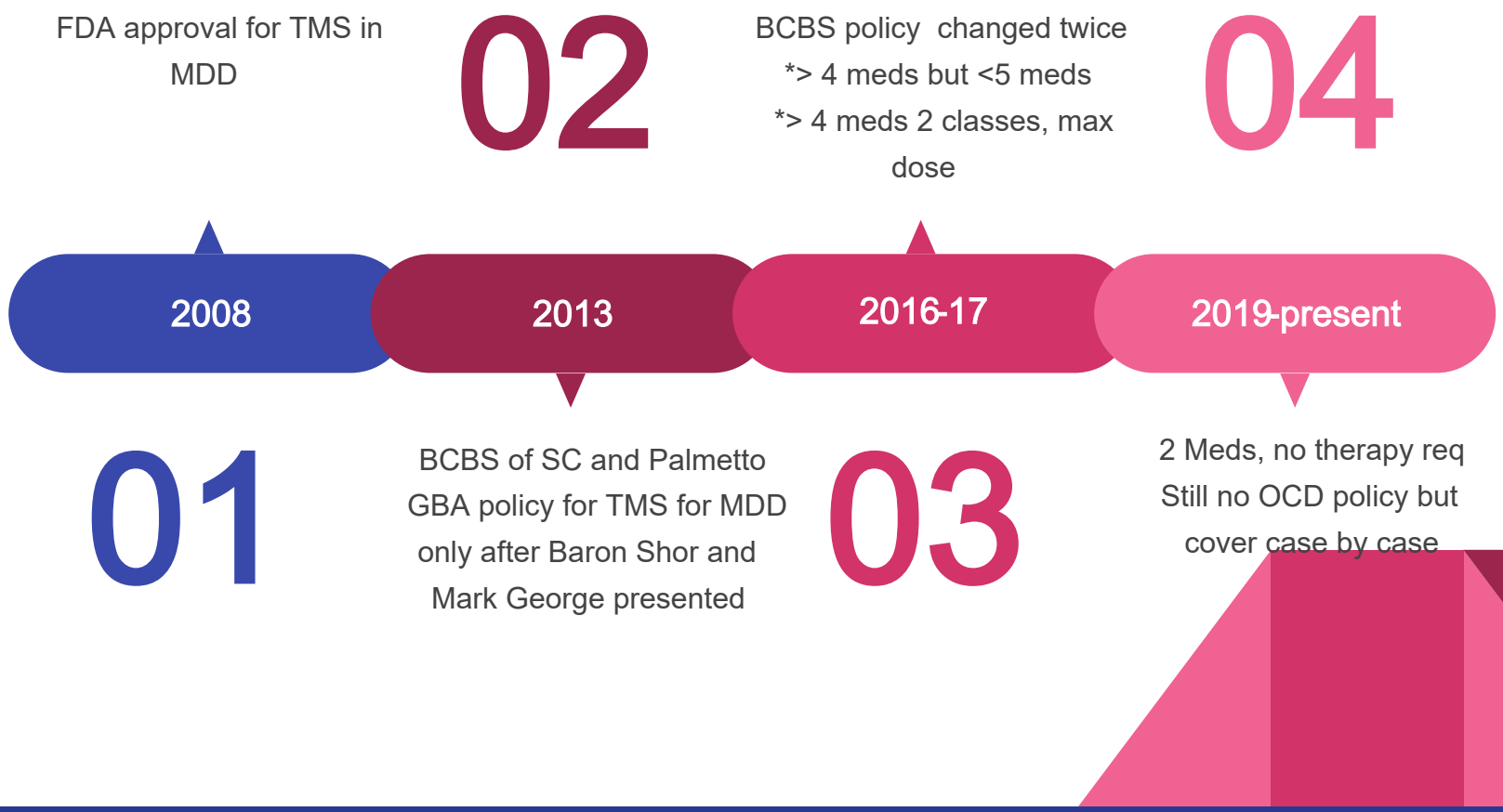
Notable Policy Changes in 2022-2023

- **OCD:** Added to Cigna, Highmark BCBS, Premera BCBS, Palmetto GBA in 2022
- **Med Trial Reduction:** CGS, & NGS Medicare (4→2), Premera (4→3), Optum (4→2), BCBS TN (4→2)
- **Psychotherapy Req Removed:** Optum in 2023
- **Scope of Practice:** NGS and UHC Medicare Advantage in NGS area, BCBS of Mississippi allowing NPPs in 2023
- **Prior auth removal:** Pacific Source Medicare Advantage
- **First MDD Policy:** SelectHealth, Israeli Ministry of Health for MDD

Under/Upcoming Reviews

- **Aetna:** *Next review 5/11/23,* currently at 2 antidepressants + augmentation, MD/DO only, direct supervision, no OCD
- **Noridian:** Comment period ended 3/25, awaiting final LCD
- **Outside U.S.:** NICE looking at OCD in June

MDD: Timeline and Case Example



MDD & CTMSS Ideal Coverage Policy

1. A diagnosis of Moderate or Severe Major Depressive Disorder (MDD), single episode or recurrent as per DSM-5 criteria as documented by a clinical evaluation. The severity and current symptoms may be quantified using a standardized patient or clinician rating scale.
AND
2. One or more of the following:
- Failure of one (1) trial of a psychopharmacologic agent for depression of adequate dose and duration in the current depressive episode, or failure to respond to electroconvulsive therapy.
- Inability to tolerate a therapeutic dose of medications as evidenced by two (2) trials of psychopharmacologic agents for depression, with documented side effects (trials do not need to have been during the current depressive episode), or inability to tolerate electroconvulsive therapy, or patient declining a recommendation for ECT.
- History of response to repetitive TMS as demonstrated by 50% improvement in symptoms.
- A current or prior medical condition, or history indicating the use of additional antidepressant medication would be contraindicated.

The order for treatment (or retreatment) must be written by a psychiatrist (MD or DO) who has examined the patient, reviewed the record, and is prescribing an evidence-based TMS protocol on an FDA-cleared device the physician is trained to operate. A physician shall oversee the treatment, but does not have to personally administer the sessions nor be in the area. A prescribing or covering physician must be immediately reachable and interruptible in case of questions or problems during treatment.

CONTRAINDICATION

The only absolute contraindication to TMS is the presence of ferromagnetic metal in the head, such as a plate, screws, or an implanted magnetically sensitive medical device located less than or equal to 10 cm from the TMS coil[9].

UTILIZATION GUIDELINES

The treatment must be provided by a device cleared by the FDA for the purpose of TMS for depression, using an evidence-based protocol. It is expected that the services will be performed as indicated by current medical literature and standards of practice.
TMS for adolescents with MDD may

Theta burst? Accelerated? SAINT? Supervision? Scope?

<18 years of age? Preservation TMS?

OCD: Timeline and Case Example

OCD & CTMSS Ideal Coverage Policy

1. Has a confirmed diagnosis of Obsessive-Compulsive Disorder (OCD) as per DSM-5 criteria
AND
2. One or more of the following:
Resistance to treatment as evidenced by persistent OCD symptoms after two indicated therapies (two medications or one medication plus psychotherapy) were tried each for a minimum of eight weeks; CBT psychotherapy, while a treatment option, is not required as a pre-requisite to TMS OCD treatment; or
Inability to tolerate psychopharmacologic agents as evidenced by trials with two distinct psychopharmacologic agents; or
History of response to TMS for OCD in the past was clinically meaningful; or
Resistance to treatment with CBT as evidenced by persistent OCD symptoms despite 8 weeks of ERP with a CBT therapist; or
If the patient is currently receiving antipsychotics, opioids, benzodiazepines, glutamatergic agents or other agents which could be considered investigational or relatively risky treatments, TMS may be considered reasonable and necessary and a safer alternative than additional treatment trials.[18-20]
The order for treatment (or retreatment) must be written by a psychiatrist (MD or DO) who has examined the patient, reviewed the record, and is prescribing an evidence-based OCD TMS protocol. This physician shall oversee the treatment, but does not have to personally administer the sessions or be in the area. The physician must be reachable and interruptible in case of problems.

The treatment must be provided by a device cleared by the FDA for the purpose of TMS for OCD. It is expected that the services will be performed as indicated by current medical literature and standards of practice.
TMS for adolescents with OCD may be appropriate if there is a higher level of treatment resistance. These cases should be reviewed individually for medical necessity and considered a compassionate use.
TMS is reasonable and necessary for a minimum of 29 visits over a 6-week period. Extensions in 2 to 4-week increments will be cleared based on clinical need with evidence of response from the first 29 sessions.
If patients cannot come in five days a week, treatments may be administered three days a week over a longer period of time.
Retreatment may be considered for patients who met the guidelines for initial treatment and experienced at least a 30% reduction in the YBOCS score, as long as the improvement persisted for at least one month after the prior treatments ended.

Less treatment resistance? Longer courses?

Novel Payment Models

- Self-Funded Employer Groups and Brokers
- Value Based Care
- Concierge/ Membership Models with hybrid pricing

Self-Funded Employer Groups: Innovators

- 65% of employees in U.S. with employer-sponsored coverage are in a self-insured plan, including more and more smaller employers
- 85 % of Cigna's commercial covered lives are self-funded
- Benefits to recruit and retain employees
- Increasing awareness of impact of psychiatric disorders in employees and family members on absenteeism and presenteeism
- Regulated under ERISA rather than state laws
- Stop-Loss Insurance Brokers
- Able to enter into risk-sharing value based care or per member/per month arrangements
  - Measurement Based Care including disability scales
- Could cover bespoke treatments if there is demonstrable ROI:
  - Accelerated TMS
  - TMS for OCD, adolescents, other indications
  - Psychedelic m[illegible]etamine and Ketami[illegible] (see: Enthea PBC)

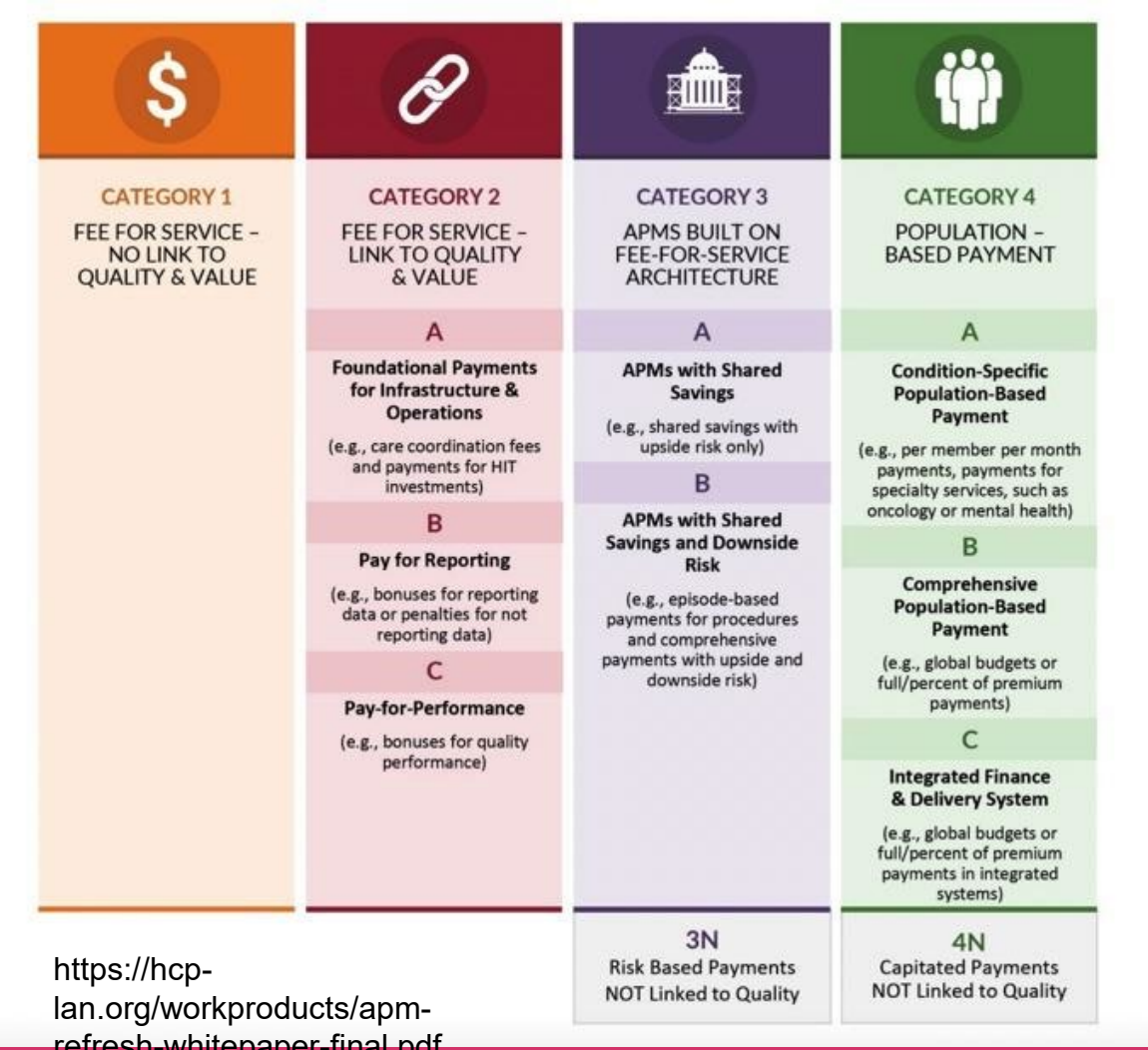
first tracks & acacia mental health

Curated Mental Health and Enthea Collaborate to Provide Cutting-Edge Mental Health Service to New York City

Friday, April 21, 2023 9:00 AM

Enthea

Value Based Care & Alternative Payment Models

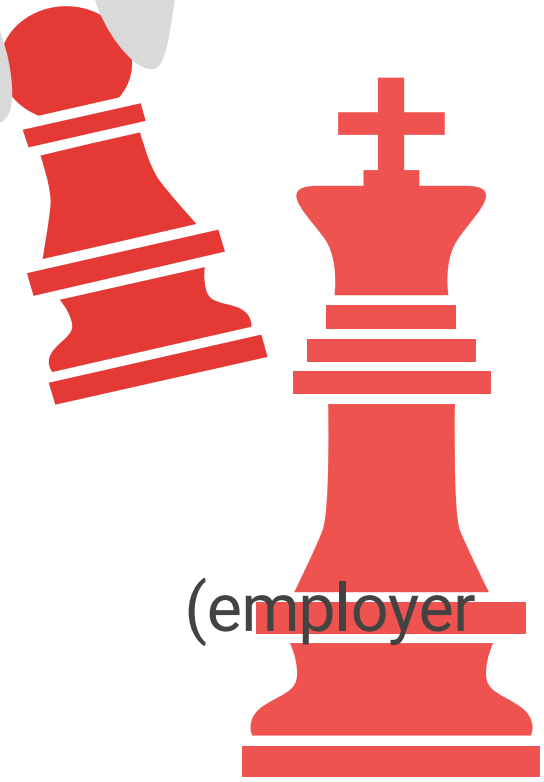


https://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf

Hobbs Knutson, K. (2021). A Value Framework for Transforming Behavioral Health. *NEJM Catalyst*.

Tips for Working with Payers

- Firm but polite stance, **non-confrontational**
- Meetings w/ **decision makers** only. LinkedIn is helpful.
- **Value to them:** Financial, outcomes, competitive positioning, administrative efficiencies
- **No confidential info** about other payers
- **Leverage differentiators:** languages spoken, nights/weekends, special populations
- **Manage Contracts Annually**. Otherwise, they manage you!
- Cultivate relationships w/ **purchasers** (employer groups)



Resources

- CTMSS Ideal Coverage Policies (members only)
  - MDD
  - OCD
  - TMS Maintenance
  - TMS Re-introduction to treat relapse

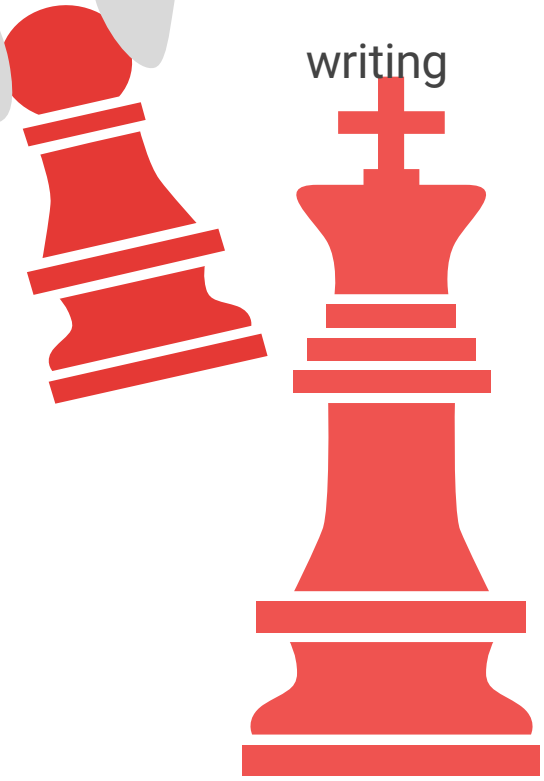
- Watch for **email blasts** from CTMSS re: Letter writing

- Paritytrack.org : Report issues, Resources by state

- **TMS Documentation Guidelines**

  Coming Soon (for procedure notes)

- Apply to Join the **Insurance Committee** next year!



Q & A