

Insurance Committee Meeting Minutes

Date: 10-8-24

Time: 8:00pm EDT, 5:00 pm PDT

Via Zoom

"Members are reminded to disclose any changes in Conflict of Interest (COI) information since the most recent disclosure and follow all COI policies"

Insurance Committee Roll Call Attended $oximes$ Did Not Attend $oximes$					
Co-Chair	Carlene MacMillan, MD, FCTMSS	\boxtimes	Co-Chair	Rachelle Lahn, CRA, BS, MBA	\boxtimes
Member	Rich Bermudes, MD, FCTMSS	\boxtimes	Member	Mohini Dewkinandan, MBA	\boxtimes
Member	Ben Hunter, MD	\boxtimes	Member	Todd Hutton, MD, DLFAPA, FCTMS	SS 🗵
Member	Kevin Kinback, MD, FCTMSS		Member	Sarah Parsons, DO	\boxtimes
Member	Christina Sherman	\boxtimes	Member	Baron Short, MD	\boxtimes
Member	Leslie Stephens, MPH	\boxtimes	Member	Aron Tendler, MD	\boxtimes
Member	Charles Weber, DO	\boxtimes			
President	Martha B. Koo, MD, DFAPA, FCTMSS	\boxtimes	President- Elect/VP	Joshua C. Brown, MD, PhD	

Guests & Staff

Moderator: Carlene MacMillan, MD, FCTMSS

Staff: Kami Risk

Guests: Erin Liberto and Erik Won, MD (Wave Neuroscience Visitors)

- I. Meeting called to order at 8:03pm (EDT)
- II. Reviewed & Approved Meeting Minutes The committee reviewed the minutes. There was a motion to approve the September minutes, Seconded, Approved. (Attachment #1)

III. Unfinished Business:

- A. Database of policy reviews and new process <u>https://docs.google.com/spreadsheets/d/1BblY0XRVRqXPKIFdM3CG-kJbt3rLKJxS/edit?gid=783493494#gid=783493494</u>
- B. Draft a letter for extending TMS coverage as a member resource (Rich Bermudes) (Attachment #2) The committee did not have the opportunity to review and discuss the letter during the meeting.
- C. New Technology APC for SAINT A meeting with top CMS officials has been scheduled for October 15th, with the aim of making the case for equity and access in mental health and ensuring appropriate payment for hospitals.
- D. New Anthem Policy Regarding 90869 and the collaboration with Clinical Standards Committee The motor threshold issue remains problematic, and the committee will



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continue to work with the Clinical Standards Committee on a letter of concern. However, the evidence is not strong, making it challenging to take a firm stance on the matter.

- a. Notice of Reduction of TMS Coverage by Anthem in California (Attachment #3) The committee did not have the opportunity to review and discuss the notice during the meeting.
- E. APA Updates on TMS Reimbursement The committee discussed the varied use of TMS in patient care, highlighting the survey's success in capturing this diversity. It noted the challenges in valuing the current code set due to the multiple ways TMS is applied, which necessitates further review with CPT. Additionally, there was an emphasis on focusing on existing policies and collaborating with payers regarding coverage issues. There was a reminder that changes in the CPT process takes time and urged everyone not to feel overwhelmed, promising to provide updates as developments occur.
- F. July 1 Coding Changes: MUE change and how to communicate to members
 - a. Insurance Committee Quarterly Update to Members The team agreed on the need to share updates and the potential for a guest columnist. The idea of sending periodic email blasts to keep members informed about various topics was also discussed. The team decided to create a dedicated space for members to submit feedback and updates, and to use the term "updates" instead of "challenges" to avoid pulling grievances. They agreed to include examples in the updates and to make the language more concise. The team also discussed the need for a form to be approved by the committee and the EC before it can be used for internal communications.

There was a motion to approve the CTMSS Insurance Committee Member Updates form for use in email blasts and on the website, and to send the form to the Executive Committee for review, Seconded, Approved.

ACTION – Using the approved form, create a memo for the Executive Committee to review. (Carlene MacMillan)

ACTION – Share the finalized form with the Executive Committee for approval. (Executive Office)

ACTION – Once approved, include the form in TMS Today for ongoing submissions. (Executive Office)

G. SB-855 Regulations Update – No update was provided

IV. Task Force Updates:



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A. Adolescent Task Force – Cigna reached out indicating that they are reviewing it for potential coverage. Optum has been contacted to secure coverage for adolescents. It was noted that Blue Cross and Blue Shield of North Carolina is the first to begin coverage for adolescents on the BCBS side. It was also mentioned that Texas is likely to follow suit with coverage as well. The task force also emphasized the need for adolescents aged 15 to 17 to have first-line treatment options without having to go through medication failures. The committee discussed the importance of Cigna aligning their coverage with the needs of children and adolescents, indicating a desire for them to be more proactive in this area.

ACTION – Distribute the email and information sent to Doug (Cigna) among committee members so they can utilize it for other adolescent initiatives. (Mohini Dewkinandan)

- B. Accelerated Task Force No update was provided
- C. Medicaid Task Force It was confirmed that Fidelis has announced coverage for Medicaid in New York, which is considered considerable progress. It was expressed that this news is encouraging and mentioned that there is an upcoming meeting for the unmanaged Medicaid sector, including the medical director and deputy director at OMH. The aim is to gain insights into the situation during the upcoming meeting at ACAP. This will also be a prime opportunity to connect with a representative regarding Maryland.

V. New Business:

A. Wave Neuroscience Visitors – Erin Liberto and Dr. Erik Won from Wave Neuroscience joined the committee meeting as guests and discussed PTSD coverage using EEGs. Their aim is to align with category three codes for TMS and MDD, exploring separate codes for their services. Ms. Liberto proposed a new coding system for their software interfacing with EEG and TMS devices, highlighting issues with the current EEG code, which is designed for seizure detection.

During the conversation, committee members discussed billing challenges and the use of existing codes for EEG recordings. The committee agreed to further review coding implications. Committee members also stressed the need for a new code to reflect the costs and efforts of their procedures, considering FDA clearance and a potential temporary category three code. They acknowledged the risks of excessive codes and the necessity for a cohesive set. It was also pointed out that current TMS codes fail to account for field variations, leading the committee to commit to further exploration of these coding challenges.

- B. Select Health meeting update No update was provided
- C. Discussion of letter to be submitted to Medicaid for NY by the CTMSS No update was



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- D. CTMSS Call for Speakers and Topics for the 2025 Annual Meeting No update was provided
- E. Removal of Prior Authorization in CA, Anthem and Cigna It was discussed that there are changes in California regarding prior authorizations for TMS treatments. It was shared that Anthem and Cigna no longer require prior authorizations for TMS in California, although this information is still being verified. This change is perceived as potentially positive but raises concerns about more audits or prepayment reviews. The conversation also touched on the broader challenges of navigating payer policies and maintaining service access amid evolving legislation and quality reviews.
- VI. Next Meeting: Tuesday, November 12, 2024 @ 8pm EST / 7pm CST / 5pm PST and Wednesday, November 13, 2024 @ 1am GMT / 12pm AEDT
- VII. Meeting adjourned 9:01pm (EDT)