



# The Clinical TMS Society

Insurance Committee Meeting Minutes

Date: 11-12-24

Time: 8:00pm EST, 5:00 pm PST

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 ☒ | Did Not Attend ☐

Co-Chair	Carlene MacMillan, MD, FCTMSS	<input checked="" type="checkbox"/>	Co-Chair	Rachelle Lahn, CRA, BS, MBA	<input checked="" type="checkbox"/>
Member	Rich Bermudes, MD, FCTMSS	<input checked="" type="checkbox"/>	Member	Mohini Dewkinandan, MBA	<input checked="" type="checkbox"/>
Member	Ben Hunter, MD	<input type="checkbox"/>	Member	Todd Hutton, MD, DLFAPA, FCTMSS	<input type="checkbox"/>
Member	Kevin Kinback, MD, FCTMSS	<input checked="" type="checkbox"/>	Member	Sarah Parsons, DO	<input checked="" type="checkbox"/>
Member	Christina Sherman	<input checked="" type="checkbox"/>	Member	Baron Short, MD	<input checked="" type="checkbox"/>
Member	Leslie Stephens, MPH	<input type="checkbox"/>	Member	Aron Tendler, MD	<input type="checkbox"/>
Member	Charles Weber, DO	<input checked="" type="checkbox"/>			
President	Martha B. Koo, MD, DFAPA, FCTMSS	<input type="checkbox"/>	President-Elect/VP	Joshua C. Brown, MD, PhD	<input type="checkbox"/>

## Guests & Staff

Moderator: Carlene MacMillan, MD, FCTMSS

Staff: Kami Risk

### I. Meeting called to order at 8:04pm (EDT)

### II. Reviewed & Approved Meeting Minutes – The committee reviewed the minutes. There was a motion to approve the October minutes, Seconded, Approved. (Attachment #1)

### III. Unfinished Business:

- A. Database of policy reviews and new process –  
<https://docs.google.com/spreadsheets/d/1BbIY0XRVRqXPKIFdM3CG-kJbt3rLKJxS/edit?gid=783493494#gid=783493494>
- B. Draft a letter for extending TMS coverage as a member resource – (Attachment #2) – The committee examined a letter template designed for requesting extended treatment beyond 36 sessions, which can be utilized during peer-to-peer discussions or as part of the appeal process for denied claims. The aim is for the letter to be adaptable to individual situations and to serve as a member benefit on the Clinical TMS Society website.

Additionally, the committee discussed incorporating an existing disclaimer at the top of the document. There was also a conversation about not including the Society logo, emphasizing that this template is intended for member use rather than being an official statement from the Society.

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Disclaimer: The purpose of this document is to provide guidance to members drafting insurance appeal letters. Alterations to this document reflect the views and opinions of the author and do not necessarily reflect the views of the Clinical TMS Society, its affiliates, or its employees.

***The Insurance Committee proposed the adoption of this template for members to use with the inclusion of the disclaimer at the top of the document, and to move the title “Clinical Example: Demonstrated Improvement with Additional TMS Sessions” to the top of the document, seconded and approved.***

**ACTION** – Add the template to the next Executive Committee meeting for review and approval. (Executive Office)

- C. New Technology APC for SAINT – The committee discussed the increase in national average payment for outpatient therapy protocols, which should indicate a positive step. It was clarified that these were facility fees, not professional fees, and that they were national. They also discussed the potential for more hospitals to invest in TMS devices due to the increased reimbursement. A concern was raised about the motor threshold remeasuring issue with Anthem.
- D. New Anthem Policy Regarding 90869 and the collaboration with Clinical Standards Committee –
  - a. Notice of Reduction of TMS Coverage by Anthem in California (*Attachment #3*) – The committee briefly discussed that some payers, including Cigna, were requiring prior authorizations in certain states.
  - b. California Update (*Attachment #4*) – The committee discussed issues with the scheduling of appointments for reviews. They noted that doctors were not scheduling times to talk with patients, instead opting for random calls. This was seen as a negative development, noting that this could lead to a longer wait time for patients. The committee also discussed the appeal process, which could take up to 45 days, further delaying the process. The committee was unsure of how to address these issues; however, one suggestion was to make a parity argument if it was only a practice for TMS. The committee also discussed the inpatient length of stay, noting that these reviews were traditionally scheduled.
  - c. The collaboration with the Clinical Standards Committee Co-chairs is ongoing.
- E. July 1 Coding Changes: MUE change and how to communicate to members
  - a. Insurance Committee Quarterly Update to Members (*Attachment #5*) – The committee reviewed the email which provides members with Wins and Top of Mind Issues. Once the insurance update form for members is approved by the Executive Committee and rebuilt in the CTMSS website, the Executive Office will



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send the email update to all members.

**ACTION** – Send Insurance Committee update email to all members once the form is approved and developed on the Society website. (Executive Office)

## IV. Task Force Updates:

- A. Adolescent Task Force – The discussion focused on the development of guidelines for adolescent treatment and the challenges faced by insurance companies in covering this treatment. The committee discussed the progress made with Optum and Cigna, and there was a suggestion that a policy like that of Blue Cross Blue Shield of Texas could be a good starting point. The committee also discussed the potential for other insurance companies to follow suit if a successful policy is developed. The conversation concluded with the decision to continue working on the adolescent treatment guidelines and to explore the possibility of developing a policy that could be adopted by other insurance companies.
- B. Accelerated Task Force – no update
- C. Medicaid Task Force – no update

## V. New Business:

- A. Update from Major Payors at Going Digital Behavioral Health Meeting – An update was provided regarding a recent digital behavioral health meeting, major payers expressed openness to covering TMS, particularly in value-based care models. The committee agreed to consider this information as they revisit their codes and consider the value of TMS in reducing healthcare costs.
- B. Insurance Coverage for Teen TMS, request from Sam Huber (*Attachment #6*) – The idea of creating a separate ideal coverage policy for adolescents was proposed, considering the unique issues surrounding prior med trials and the limited number of approved medications.

**ACTION** – Coordinate with the Adolescent Task Force members to review the Texas policy and potentially develop a similar policy for other payers, aiming to include coverage without prior medication trials for adolescents. (Mohini Dewkinandan)

**ACTION** – Follow up with Sam Huber regarding the proposal to develop guidelines for adolescent TMS coverage and potentially collaborate on a press release highlighting innovative payer policies. (Carlene MacMillan)

**ACTION** – Share TMS Policy for review and comment. (Rich Bermudes)



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**VI. Next Meeting:** Tuesday, December 10, 2024 @ 8pm EST / 7pm CST / 5pm PST and Wednesday, December 11, 2024 @ 1am GMT / 12pm AEDT

**VII. Meeting adjourned – 9:01pm (EST)**