



The Clinical TMS Society

Insurance Committee Meeting Minutes

Date: 2-11-25

Time: 8:00pm ET, 5:00 pm PT

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 checked="" 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 checked="" type="checkbox"/>	Member	Aron Tendler, MD	<input checked="" 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 (ET)

II. Reviewed & Approved Meeting Minutes – The committee reviewed the minutes. There was a motion to approve the January 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>

Committee members are encouraged to continuously update the 2025 Insurance Meeting Calendar.

- B. Draft a letter for extending TMS coverage as a member resource – The letter is still undergoing revisions and will be made available to the committee by the next meeting.

ACTION – Make necessary revisions to the letter, focusing on clarity and relevance. (Shelly Lahn and Ben Hunter)

- C. New Technology APC for SAINT –
a. Several hospitals have submitted bills and received Medicare reimbursements,



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though rates vary. A 60% reimbursement increase is expected, with results pending from January submissions.

- b. A pilot project with BCBS of South Carolina is progressing, with positive feedback from medical directors.
- c. The project is a single-provider exception at MUSC, with the goal of expanding statewide.
- d. A practice submitted Medicare claims using Category 3 codes, awaiting response.
- e. A new Saint machine will be delivered in Florida by the end of the month, becoming the only one in the state.
- f. Next Steps
 - i. Monitor Medicare reimbursement changes and pilot project progress.
 - ii. Await Medicare response on submitted claims.
 - iii. Track implementation and billing for the new Saint machine in Florida.

D. New Anthem Policy Regarding 90869 and the collaboration with Clinical Standards Committee –

- a. Overview of Anthem's Policy Changes
 - i. Anthem has restricted approvals for 90869 without prior authorization, creating barriers to care.
 - ii. The policy change is linked to updates in Milliman guidelines but attempts to engage Milliman for discussion were met with refusal.
- b. Challenges and Concerns
 - i. The lack of transparency in how these policies are formed is frustrating for providers.
 - ii. Concerns were raised about barriers to patient care, like recent controversies over administrative interruptions in medical settings.
 - iii. There is uncertainty about how to challenge these decisions without direct influence over Milliman.
- c. Potential Actions
 - i. Countering misinformation: Incorrect or biased publications shape guidelines, and responses to erroneous claims could be an avenue for influence.
 - ii. Advocacy for expanded access: Suggestions include supporting remote supervision models, telehealth integration, and ensuring psychiatric oversight flexibility to improve rural access.
 - iii. Public awareness & payer engagement: Individual providers may choose to submit letters to insurers or publicly highlight the issue of administrative burdens affecting patient care.
- d. Next Steps
 - i. Shift focus from 90869 policy limitations to broader access issues, particularly improving availability of treatment in underserved areas.
 - ii. Continue discussions on insurance reimbursement improvements and strategies for expanding provider capabilities.

E. July 1 Coding Changes: MUE change and how to communicate to members.

- a. Insurance Committee Quarterly Update to Members – A quarterly email to members will include a link to the insurance updates form. The next release date is TBD, as the committee is waiting until there is sufficient information to share with the membership.

F. Insurance Coverage for Teen TMS – no update was provided.

IV. Task Force Updates:

- A. Adolescent Task Force – There are no recent policy updates on adolescent TMS from Signal or Optum, and no major changes in the past month and a half. Many payers are currently in their first-quarter meetings, so updates may take time, but there is optimism that they are considering coverage.
- B. Accelerated Task Force – Item covered in new business: “NCCI PTP Edit”
- C. Medicaid Task Force – No update was provided.

V. New Business:

- A. NCCI PTP Edit

The committee reviewed the NCCI PTP Edit letter presented by C. MacMillan. There was a motion to approve the letter pending inclusion of references and final review via email, Seconded, Approved.

ACTION – Add references and distribute updated draft letter for review. (Carlene MacMillan)

ACTION – Add item to the March 3rd EC Meeting. (Executive Office)

- B. 2025-26 Committee Member Applications – Committee members were reminded of the February 15 deadline.

VI. **Next Meeting: Tuesday, March 11, 2025 @ 8pm ET / 7pm CT / 5pm PT and Wednesday, March 12, 2025 @ 1am GMT / 12pm AEDT**

VII. **Meeting adjourned – 8:51pm (ET)**