

The Clinical TMS Society

Insurance Committee Meeting Minutes

Date: 5-13-25

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	\boxtimes	Co-Chair	Rachelle Lahn, CRA, BS, MBA	X	
Member	Rich Bermudes, MD, FCTMSS	\boxtimes	Member	Mohini Dewkinandan, MBA	\boxtimes	
Member	Ben Hunter, MD		Member	Todd Hutton, MD, DLFAPA, FCTMS	SS 🗵	
Member	Kevin Kinback, MD, FCTMSS	\boxtimes	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-	Joshua C. Brown, MD, PhD		

Guests & Staff

Staff: Kami Risk

- I. Meeting called to order at 8:02pm (ET)
- II. Reviewed & Approved Meeting Minutes The committee reviewed the minutes. There was a motion to approve the April minutes, Seconded, Approved. (Attachment #1)

III. Unfinished Business:

A. Database of policy reviews and new process – https://docs.google.com/spreadsheets/d/18blY0XRVRqXPKIFdM3CG-kJbt3rLKJxS/edit?gid=783493494#gid=783493494

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

B. NCCI PTP Program Request for Reconsideration Letter – Despite providing supporting arguments, CMS denied the request on April 25, 2025. The committee had sought changes to allow reimbursement for combinations of codes (e.g., 90867 or 90869 with 90868 on the same day). CMS maintained existing edits and advised the committee to pursue new CPT codes through AMA if services have evolved.

This led to a robust discussion on billing inconsistencies and payer-specific variations. While some members reported successful billing of two 90868 sessions per day with certain payers like Cigna, Medicare, and Aetna, others encountered denials—even with



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correct modifiers (e.g., 25)—for submitting 90868 along with E/M codes such as 99214. The confusion underscores the lack of uniform payer policies and discrepancies in clearinghouse software and claim rejection pathways.

- C. Extending TMS coverage as a member resource The Executive Committee approved the letter during their May 5, 2025 meeting and the letter had been posted on the Society website as an Insurance Committee resource for member use.
- D. July 1 Coding Changes: MUE change and how to communicate to members.
 - a. Insurance Committee Quarterly Update to Members The committee debated the best strategy to update members. It was decided that an email blast would be more effective after the upcoming Annual Meeting, as informal polling during the event could yield more comprehensive feedback. The idea of a booth handout (e.g., postcard summarizing updates) was considered but not broadly supported due to logistical challenges.
- E. Insurance Coverage for Teen TMS No update was provided.
- F. 2025-2026 Committee Goals were finalized:
 - a. Advance OCD treatment coverage (both commercial and Medicaid/Medicare).
 - b. Expand Medicaid TMS coverage (focus on California and Kentucky).
 - c. Begin groundwork for chronic pain coverage advocacy.
 - d. Improve website resources for members, including resource accessibility and dissemination (email blasts and policy posting).
 - e. Monitor for public comment periods with CMS/Medicare to advocate for policy updates.
 - f. A future campaign on adolescent TMS and the new extension letter was proposed once approvals are finalized.

IV. Task Force Updates:

- A. Adolescent Task Force The Adolescent Task Force is working on two deliverables: (1) revising the ideal coverage policy for Major Depressive Disorder (MDD) to include adolescents, and (2) developing a member letter template for insurance advocacy. While internal approvals for sharing certain content are pending, the committee agreed to proceed with revising the guidance document in the interim.
- B. Accelerated Task Force No update was provided.
- C. Medicaid Task Force Evaluating multiple states' processes for adding TMS coverage. They noted that some states (e.g., North Dakota) have formal request forms while others



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may require advocacy letters. Texas was newly added to the task force's scope. A template letter from New York was identified as a starting point for adaptation.

Later discussion highlighted issues in California: despite official Medicaid (Medi-Cal) coverage, practical access is hindered due to HMO intermediaries like CalOptima, who have restrictive contracting processes. Coverage exists only in theory unless providers go through burdensome credentialing. These access bottlenecks may need further policy engagement.

Emerging case-by-case Medicaid approvals for TMS used in smoking cessation were shared, particularly in Oregon and Arizona. While not tied to a formal coverage policy, these developments are seen as promising and will be monitored for future advocacy initiatives.

V. New Business:

- A. Grand Rounds Planning The committee is preparing for the July 1st Grand Rounds focused on international reimbursement perspectives. Suggested panelists include professionals from Australia, Taiwan, Italy, Greece, and potentially Pakistan. The session will be structured as a panel discussion without slides, and efforts are underway to confirm speaker availability. The format may include polling via app during the session.
- B. Annual Meeting Logistics The in-person meeting is scheduled for June 12th from 4:30 to 5:00 PM PT in San Diego. This brief gathering is primarily a meet-and-greet and will serve to welcome new committee members.
- VI. Next Meeting: Tuesday, July 8, 2025 @ 8pm ET / 7pm CT / 5pm PT and Wednesday, July 9, 2025 @ 1am BST / 10am AEST
- VII. Meeting adjourned 8:58pm ET