

# TMS TRENDS

NOVEMBER 2012

*A publication of the TMS Institute of Pennsylvania – Advanced Neuropsychiatric Solutions  
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## ADVANCES IN INSURANCE REIMBURSEMENT FOR TMS

EXCERPTS FROM AN INTERVIEW WITH ERIC  
MANDELBAUM, R.N.

### ***What is your title at Neuronetics?***

I am the Associate Director of Reimbursement and Health Policy.

### ***How long have you been working with health insurance reimbursement policy and what is your role?***

I have worked in the field for 11 years. I work closely with clinicians who assist in submissions for reimbursement and policy consideration. I bargain with insurance payers in an attempt to get as much coverage for TMS therapy as possible. My goal is to pursue big picture coverage, whereas other members of the Neuronetics staff are involved in case by case reimbursement.

### ***What changes have you seen in insurance coverage of TMS in the time that you have been working in the field?***

There has been a lot of encouraging change in the number of insurance companies covering TMS. Prior to March 2012, we had little over 6 million covered lives (meaning that six million individuals are covered for TMS if a time should come where it is considered a viable treatment option). Since March 17<sup>th</sup>, we have picked up around 50 million covered lives.

## DECEMBER 11

**The TMS Institute of PA is pleased to welcome Mahendra Bhati, MD as a guest speaker at our next TMS support group meeting. His new sTMS study is recruiting participants. The meeting will take place on Tuesday, December 11<sup>th</sup> at 7:00 PM. Meetings are located at 129 S. High Street, West Chester, PA 19382. Please RSVP by calling (610) 738-8671. For more information about Dr. Bhati's depression study, click [here](#).**

### ***How do you approach insurance companies for policy change?***

I request a meeting with the payer and we discuss recent trends and research.

### ***Do payers ever refuse to change their coverage policies?***

I have never gotten an outright refusal. Some payers might refuse a meeting with me, but the door is always open for me to re-approach when I have new information that might result in further consideration. Each payer works at a different speed. They look at the number of TMS appeals that are made and how many are approved. Because of the cost of appeal and external review, insurance companies are incentivized to discourage appeals. In the past, patients often had to take the appeals process all the way to external review. However, in the past year alone, we have seen the trend change. We are now seeing quicker and earlier reimbursement.

### ***What do you think has made Neuronetics so successful in making these recent policy changes?***

There is a growing body of research to demonstrate the efficacy of TMS treatment. Also, it is often the case that once a few payers make the change in policy, each successive attempt becomes that much easier. I can do my job by providing policy suggestions and contacting companies with the research, but because I represent the manufacturer of the TMS system, my opinion is not fully considered. The most helpful thing in changing policy is having clinician support. Clinician advocates who assist patients in the preauthorization and appeal process are the most effective people for creating change in the market. When the payer receives enough reimbursement requests and appeals, they begin to see that there is a perceived need for the treatment. Clinicians are also able to schedule meetings with payers, and it is a lot harder for a medical director and a payer to say no to an in-network provider than it is for them to say no to me. I believe that clinicians who have taken the lead with both their patients' individual cases and with broader policy issues are a big part of our success in getting increasingly widespread coverage of TMS.

***Happy Thanksgiving from the TMS Institute of PA!***