

Patient Financial Responsibilities Policy

Purpose

- To establish clearly defined expectations about the types of services delivered and the methods and timing of payments accepted by APN Behavioral Healthcare for Transcranial Magnetic Stimulation (TMS) services.

Scope

- To outline the types of services provided by APN Behavioral Healthcare and how charges for these services will be billed, when payment is expected for these services, and to clarify when and if insurance payments are accepted.

Policy

- I. **Insurance Coverage for TMS Services for Major Depressive Disorder**
 - a. Aetna, BCBS, and Cigna have coverage determination policies for TMS for depression in the state of Texas.
 1. The TMS Coordinator will be required to submit information to your insurance carrier:
 - i. To determine if you are eligible for coverage for TMS.
 - ii. If eligible, then to receive prior authorization for TMS services, which is required if using insurance.
 2. If either you do not meet criteria for coverage, you are ineligible for coverage as determined by your insurance, or your insurance does not grant prior authorization, you may choose to proceed with TMS on a cash-pay basis.
 - b. Insurance companies that do not cover TMS therapy:
 1. You may still elect to have TMS therapy on a cash-pay basis
 2. After you have completed treatment, the TMS Coordinator will gather your treatment records and provide you additional documentation that you may, on your own, submit to your insurance company to appeal for reimbursement for TMS.
- II. **TMS Procedure (1st Visit)**
 - a. **Cortical Mapping and Initial Motor Threshold (MT) Determination**
 1. During this visit, your provider determines the treatment location and the dose of magnet that you will need, for your TMS treatments. You will also receive a full TMS treatment.
 2. The CPT code used to bill insurance is 90867.
 - b. **Daily TMS Treatments**

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1. During these visits, your TMS Clinical Operator will perform your TMS treatment based upon the prescription, location, and dose that your provider has determined for you.
2. Most patients need 30-36 of these daily treatments.
3. Most insurance companies typically cover up to 36 treatments.
4. Some patients need more based upon their response to therapy.
5. Additional treatments will be determined individually between you and your provider and would be on a cash-pay basis (see below).
6. The CPT code used to bill insurance is 90868.

c. Repeat MT Determination

1. During this visit, your provider will check the dose of magnet you are receiving to determine if you need a higher or lower dose. You will also receive a full treatment during this visit.
2. The CPT code used to bill insurance is 90869.

d. Follow-up Office Visits

1. You will have one (1) follow-up office visit per week with your provider during your TMS treatment course, as well as at least one (1) visit per week for the first (1st) month after your treatment is over.
2. During these visits, your provider will review your progress with treatment, make changes to the treatment, if necessary, and address any other questions that you may have.
3. The CPT codes most commonly used to bill insurances are 99213, 99214, or 99215.

e. Maintenance (or “Touch-up”) TMS Treatments for the Recurrence of Symptoms

1. In the event that your symptoms begin to return, please call APN Behavioral Healthcare right away for an appointment to discuss re-treatment with TMS.
2. In some cases, insurance coverage may be applicable. APN Behavioral Healthcare will follow the same procedures as above to seek benefit determination.
3. The first in a set of “Touch-up” treatments will be a Repeat MT Determination, as above.
4. The subsequent treatments will be the same as Daily TMS Treatments, as above.

III. Personal Financial Responsibility for Insured Patients

a. Deductible

1. Any applicable deductible amount will be due on or before the first (1st) day of TMS treatment.

b. Copayments for daily treatments will be paid once weekly in advance for the next 5 treatments.

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- c. Coinsurance (for example, 20% patient responsibility after deductible is met) for daily treatments will be paid once weekly in advance for the next 5 treatments.
- IV. Personal Financial Responsibility for Cash-Pay Patients**
- a. The cash-pay price for TMS treatments is \$400/treatment.
 - b. Major Depression and Generalized Anxiety Disorder Treatment Price is \$12,000.
 - 1. This price is inclusive of:
 - i. Initial Consultation
 - ii. Initial Cortical Mapping and MT Determination with your first (1st) treatment
 - iii. 29 subsequent daily treatments
 - iv. 6 follow-up office visits (15 minutes each) during your 6-week treatment course.
 - v. 4 follow-up office visits (15 minutes) for the next 4 weeks after treatment is completed.
 - 2. This price will be reduced to \$10,000 if payment is made, in full, by cash or check on or before the first (1st) day of treatment.
 - 3. Additional TMS treatments beyond the initial 30 treatments:
 - i. Will be offered at \$300/session – 25% off the usual cash-pay price.
 - ii. The number of additional sessions needed will be determined on a case-by-case basis between you and your provider.
 - 4. Additional follow-up visits with your treating provider
 - i. Will occur if deemed medically necessary by your treating provider.
 - ii. May occur if you request additional visits.
 - iii. Will be billed at a rate of \$120 per 15-minute session.
 - iv. Payment is due at the time of the visit.
 - c. **Post-traumatic Stress Disorder Treatment Price is \$8,000**
 - 1. This price is inclusive of:
 - i. Initial Consultation
 - ii. Initial Cortical Mapping and MT Determination with your first treatment
 - iii. 19 subsequent daily treatments
 - iv. 4 follow-up office visits (15 minutes each) during your 4-week treatment course.
 - v. 4 follow-up office visits (15 minutes) for the 4 weeks after treatment is completed.
 - 2. This price will be reduced to \$6,600 if payment is made, in full, by cash or check on or before the first (1st) day of treatment.
 - 3. Additional TMS treatments beyond the initial 20 treatments:
 - i. Will be offered at \$300/session – 25% off the usual cash-pay price.

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- ii. The number of additional sessions needed will be determined on a case-by-case basis between you and your provider.
- 4. Additional follow-up visits with your treating provider
 - i. Will occur if deemed medically necessary by your treating provider.
 - ii. May occur if you request additional visits.
 - iii. Will be billed at a rate of \$120 per 15-minute session.
 - iv. Payment is due at the time of the visit.

d. Insomnia Treatment Price is \$4000

- 1. This price is inclusive of:
 - i. Initial Consultation
 - ii. Initial Cortical Mapping and MT Determination with your first treatment
 - iii. 9 subsequent daily treatments
 - iv. 2 follow-up office visits (15 minutes) during your 2 weeks of treatment.
 - v. 4 follow-up office visits (15 minutes) for the next 4 weeks after treatment is completed.
- 2. Additional TMS treatments beyond the initial 10 treatments:
 - i. Will be offered at \$300/session – 25% off the usual cash-pay price.
 - ii. The number of additional sessions needed will be determined on a case-by-case basis between you and your provider.
- 3. Additional follow-up visits with your treating provider
 - i. Will occur if deemed medically necessary by your treating provider.
 - ii. May occur if you request additional visits.
 - iii. Will be billed at a rate of \$120 per 15-minute session.
 - iv. Payment is due at the time of the visit.

e. Maintenance Treatments

- 1. The need for additional treatments, in the event that symptoms recur, will be determined by your treatment provider during an office visit.
 - i. The office visit will be billed at a rate of \$120 per 15-minute session.
 - ii. Payment is expected at the time of the visit.
- 2. The number of additional treatments will be determined on a case-by-case basis between you and your provider.
- 3. The first treatment in a maintenance treatment course will:
 - i. include a Repeat MT Determination and a full treatment
 - ii. be billed at a rate of \$400
- 4. Each subsequent treatment in a maintenance treatment course will be billed at a rate of \$300 each.

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- 5. Payment for maintenance treatments
 - i. Will be paid in increments of 5 payments due on or before the first (1st) of those 5 treatments.
 - i. \$1600 for the first set of 5 treatments includes the Repeat MT Determination.
 - ii. \$1500 for each subsequent set of 5 daily treatments.
 - ii. Unused treatments will be refunded if you and your treating provider determine you have reached your maximum clinical benefit.

V. Cancellation and No-show Fees

a. TMS Treatments

- 1. You will be considered a “no-show” if you do not arrive within 15 minutes of the scheduled time.
 - i. The staff at APN Behavioral Healthcare will do their best to accommodate you.
 - ii. It will be up to the staff’s discretion whether you will be able to receive your treatment close to your scheduled time depending upon how late you will be.
 - iii. Staff may require you to come at a later time in order to keep the rest of the patients on schedule.
 - iv. Staff may need to cancel your treatment. We will make every effort to avoid cancellation, but may not be able to accommodate you depending on the schedule for that day. You will be charged a no-show fee in this case.
- 2. Will be billed a \$400 no-show fee if no attempt to contact the staff is made.

b. Follow-up Visits (not on treatment days)

- 1. Need to be cancelled or rescheduled at least 24 hours in advance of the appointment.
- 2. Will be billed a \$120 no-show fee.

Patient name (please print)

Date

Patient Signature

Date