

TMS Quick Facts and How to Refer for PROVIDERS

Indications: Adult MDD, Depression with Anxiety, OCD, migraine with aura, nicotine use disorder

Potential impending indications based on current research: Adolescents, PTSD, GAD, Bipolar depression

- *Note: several providers are treating depression and anxiety concurrently based on protocols from current research with significant improvement in GAD7 scores and overall reports of anxiety. This is off-label at present. We do treat anxiety in the context of depression here at Thrive.*

Current criteria for insurance reimbursement in OR:

- 2-4 or more failed antidepressant trials from 2 med categories OR 2-3 failed antidepressant trials with adjunct (some payers require both)
- 6wks psychotherapy trial
- PHQ9 score of 16 or greater

Contraindications:

- Metal implants near the head (dental fillings and titanium ok), pacemaker/electrical implants
- Epilepsy
- Severe head trauma, CNS tumor, dementia, or risk for increased intracranial pressure
- Unstable medical symptoms or active psychosis

Pros:

- Efficacy: Approx. 82% significant reduction (symptoms decreased by at least 50%), approx. 60% remission
- Durability: 70-84% retained response at 12 mos
- Tolerability: no systemic side effects (vs. meds), no long-term side effects
- Feasibility: non-invasive, no sedation or hospitalization (vs. ECT)

Cons:

- Time commitment: daily sessions (5-30 min), 5 days/wk, 6 wks
- Approx. 35% report temporary pain or discomfort at coil site during initial treatment (*resolves after 1 week*)
- 0.1% risk of seizure per patient (vs. tricyclic antidepressants 0.4-2%, bupropion 0.4%, SSRI's 0.1-.0.3%, SNRI's 0.2-0.3%, atypical antipsychotics 0.4-0.9%)

THRIVE Specific TMS Info

Insurance we accept for TMS: BCBS, MODA, Pacificsource, Samaritan, First Choice Health, Aetna, Tricare, Providence, United, Optum, Kaiser Added Choice

Self-Pay: We offer payment plans up to 18 mos for folks not covered by insurance. We also include the added anxiety protocol (if indicated) at *no extra charge*. Additionally, we offer hardship scholarships based on income and need (application required).

Mindfulness+TMS focus: We have partnered with a friend and colleague, Amy Hollaran-Steiner, LCSW and experienced MBSR Trainer, to create a mindfulness program specifically tailored for our TMS patients! Our mindfulness program utilizes Amy's MBSR-based workbook with education/practice tailored to each week of TMS, and online access to Amy's youtube channel with guided meditations, instruction, education, etc.

Who is a good candidate?: Depression of all types responds to TMS including Bipolar depression (with a solid mood stabilizer on board). Anxiety disorders also respond well. We've seen some improvement in addictive/compulsive behaviors. *HOWEVER, insurance will not cover TMS for anything outside of MDD or Depression with Anxiety at this time.* So, some folks choose to self-pay if they don't meet these specific diagnostic criteria.

Who is not a good candidate?:

- active heavy substance abuse (including heavy ETOH or heavy cannabis use)
- poor med compliance
- dysregulated/severe personality disorder
- someone who can't commit to the daily schedule or has barriers like unreliable transportation or lives far away
- any of the contraindications above

How to refer: Traci is our TMS Coordinator. *Please call Traci at our main number (503) 379-0208 for referrals or fax information to our secure fax line (503) 662-6068 and we'll take it from there.*

FYI: You can tell your patients to expect a call from one of our staff to clarify any clinical details, discuss TMS, discuss insurance coverage/finances (we check each patient's specific benefits and provide a written breakdown so there are no surprises), meet with one of our TMS clinicians, and answer all questions. From that point, we submit for prior authorization, TMS is usually approved within a week. We will then call to schedule.

Collaborative Care: *You will continue to manage your patient like normal during and after TMS.* We will provide TMS and regular follow up visits with the pt during TMS treatment to monitor treatment. We will keep you informed as to your patient's response and collaborate with you should any issues or recommendations arise.