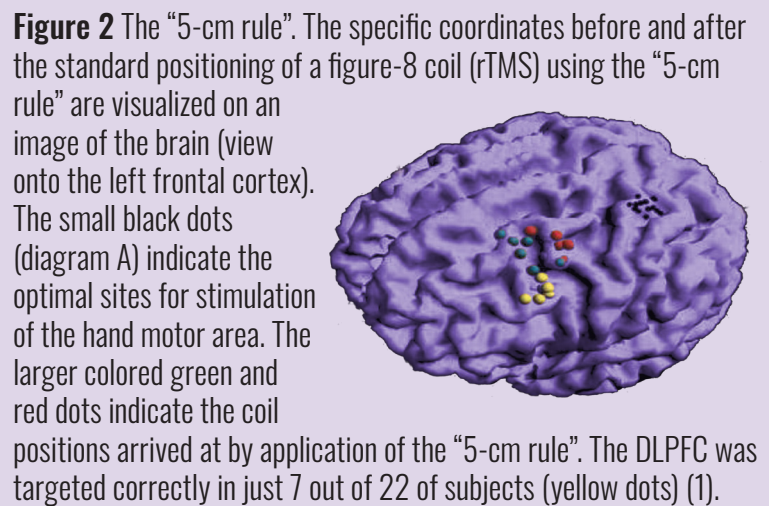
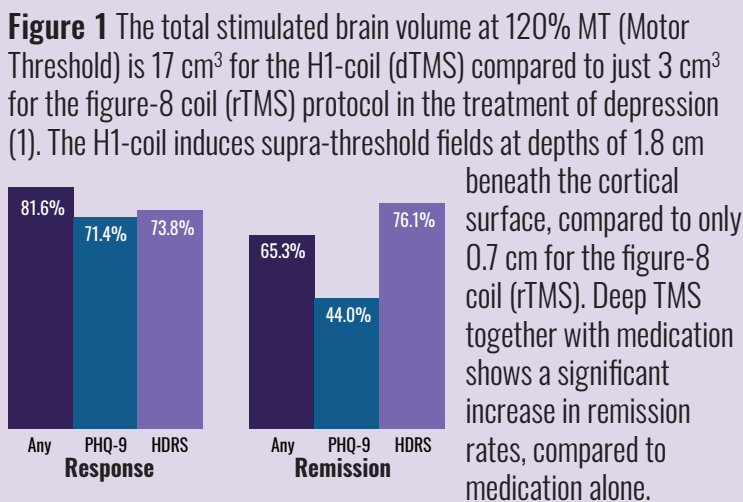




MISCONCEPTIONS THAT LIMIT TMS REFERRAL

Question 1: Is there “Proof” that dTMS is superior to rTMS? YES

The nature of the rTMS coil (figure-8 coil) only allows for a very small 0.7 cm diameter surface electric field. For a visual reference, picture something about the size of a pencil eraser (1). Studies show that the DLPFC is “missed” between 30%-65% of the time when using rTMS due to the small active magnetic field coupled with a need for precise targeting of the DLPFC (1). If there is no activation of the DLPFC, there can be no activation of the sgACC (2). These factors render treatments with rTMS consistently unreliable. In contrast, the DLPFC is never missed using the FDA approved dTMS technology (1), provided by Katie’s Way+.



Question 2: Is dTMS Cost-Effective Compared to Conventional Treatments or Meds? YES

STAR D is a highly regarded study of medication effectiveness for depression. The study concluded that “about one-third of the participants reached remission and about 10-15 percent more responded” (2). There are numerous publications, none of which account for death, lifetime spousal support, disability, etc. (2). dTMS has been consistently found as a superior cost-effective intervention as compared to all other conventional interventions. dTMS is a dramatically cheaper intervention as confirmed in several partial and lifetime studies (3)(4).

Remission Rates:	dTMS	Anti-Despressant Med. Trails
First Treatments	65%	33%
Second Attempt	N/A	22%
Third Attempt	N/A	12% or less

NOTE: dTMS Remission Rate: 65% (3).

Question 3: Is it appropriate to use “Depression” as a primary diagnosis? YES

“About 85% of patients with depression have significant anxiety, and 90% of patients with anxiety disorder have depression” (3). Therefore, depression as a primary diagnosis, by all accounts, appears to be reasonable.

NOTE: A diagnosis of depression has nothing to do with disability a rating being more likely than PTSD, anxiety, or any other similar diagnosis (5)(6)(7)(8).

Question 4: Can I refer to dTMS as the first treatment a patient receives? YES

YES. See TRICARE POLICY MANUAL, Chapter 7, Section 3.8. The ONLY criteria for a dTMS referral is that the patient be over 18, the referring provider deems dTMS to be the most appropriate form of treatment, and the care must be authorized prior to treatment (11).

NOTE: Ratings are determined based on level of impairment, not the diagnosis that allegedly caused an impairment (12).

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Beneficiary Full Name: _____

Sponsor's SSN: _____ - _____ - _____

Date of Birth: _____

Beneficiary State of Residence: _____

Dear Provider,

Please complete the letter of attestation below and return as indicated on the additional information request letter or attach it to your [online request](#).

TRICARE Policy Manual, Chapter 7, Section 3.8 authorizes coverage of transcranial magnetic stimulation (TMS) for the treatment of major depressive disorder when medically necessary and consistent with coverage criteria.

In order for TMS to be covered, the care must be prior authorized and the provider must attest that the following statement is true:

- Beneficiary is 18 years or older, and
- The beneficiary has failed to respond to a less intensive form of treatment, or
- A less intensive intervention is not more appropriate.

I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Additional information: _____

Provider's printed name and title: _____

MD

Advanced practice registered nurse (APRN) State of licensure: _____

Check to attest: As an APRN, I attest I can practice independently and within the scope of practice and training to administer TMS.

TIN: _____

Signature: _____

Date: _____

This document may contain information covered under the Privacy Act (5 USC §552a) and/or the Health Insurance Portability and Accountability Act (P.L.104-191) and its various implementing regulations and must be protected in accordance with those provisions. If you have received this correspondence in error, please notify 1-844-866-West (9378) at once and destroy the documents and any copies you have made.

Authorizations and Referrals • PO Box 9108 • Virginia Beach, VA 23450-9108

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