



# Pacific Center for Neurostimulation

## TMS Financial Guide

Thank you for considering Pacific CNS for your TMS treatment. Most insurance carriers offer coverage for TMS. Usually pre-authorization is required, determining if you meet the *medical necessity* requirements of your plan. Our treatment team will help you in obtaining authorization, determining what – if any – portion of payment will be covered, and if there is a patient portion remaining. In an effort to make the financial aspect of treatment more transparent, **please use this guide to obtain the following information and bring this form to your consultation appointment:**

- Is Pacific Center for Neurostimulation considered an In Network Provider by your plan? Y/N
- Is **prior authorization** required for coverage? If so, we will submit the forms to your carrier after the initial consultation session with the doctor.
- Deductible Amount for the year: \_\_\_\_\_
- Amount remaining towards deductible: \_\_\_\_\_
- Co-Insurance percentage or Co-pay rate for post-deductible treatment: \_\_\_\_\_
- If you find the patient portion is a co-insurance percentage, please contact the office and our billing specialist will help determine more concrete numbers for your financial planning.
- What is your **out of pocket** limit? Once the deductible has been met and out of pocket max is reached, treatment will be covered at 100%. \_\_\_\_\_

As you speak with your insurance carrier, please reference the following CPT codes, which we use to bill for your treatment series:

- **90867** (TMS treatment location mapping and first session),
- **90868** (all TMS sessions)
- **90869** (re-evaluation of treatment strength during treatment series)
- **99214** (Weekly doctor visits to evaluate treatment plan)
- **99205** (Initial consultation visit)

If you know you will not be utilizing your insurance, or if our office is considered an out-of-network provider by your insurance company, please call our office for current TMS rates. For out-of-network reimbursement, we will provide you with a statement to submit to your insurance company after each payment. Most insurance companies still require prior authorization before beginning treatment, even if you plan to submit paid claims later. Please know that we are opted out of Medicare and cannot submit claims to them before, during, or after treatment, even for reimbursement.

We aim to work with you in making your treatment series as seamless as possible. If you'd like to discuss a payment plan, have any questions about insurance coverage, or need any assistance in gathering the above information, please call our office at 206/535-6292. Our treatment team will be happy to assist you. Thank you again for choosing Pacific CNS for your TMS treatment.

I have received this information and am aware of the patient portion of a treatment series at Pacific CNS and agree to make payments accordingly, and I understand that PCNS does not work with Medicare.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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