

A Patient's Guide: — Pursuing Health Care **Reimbursement** for NeuroStar TMS Therapy®



Partnering With Your Healthcare Provider

Your healthcare provider is a medical professional who is trained to assess your condition and recommend treatments. Your health is their primary goal, but their coverage support is critical and often required by the medical insurance plan. As a result, communicating with your healthcare provider is an important part of getting your medical insurance plan to cover your TMS Therapy treatment.

Understand Your Medical Insurance Plan

Many people have health insurance coverage through their (or their spouse's) employer. Your insurance may be similar to one of these models.

Managed Care. The employer chooses a medical insurance plan through a "managed care" company that:

- Has a network of healthcare providers and facilities
- Approves or "prior authorizes" treatments that healthcare providers request for patients
- Pays or "reimburses" treatments that healthcare providers request for patients
- Pays or "reimburses" healthcare providers directly for treatments that are covered and performed for you and your dependents

Self-insured. Some employers, especially large companies, arrange for the medical insurance plan to simply administer their health insurance. These are called "Self-Insured Employers." Ask your Benefits/HR Department if your employer has self-insured medical insurance. If so, involve your employer's Benefits Department since the employer is ultimately responsible for the cost of your medical treatment and can overturn the medical insurance plan's decision.

Medicare. If you have Medicare, please call the NeuroStar Reimbursement Support Hotline at 877-622-2867.



Four Steps to Obtaining TMS Therapy[®] Coverage

STEP 1 Ask your healthcare provider if he/she has appealed your non-coverage of NeuroStar TMS Therapy

- If so, get copies of the *Letter of Medical Necessity* (appeal letter) that your provider sent to the medical insurance plan.
- If your provider has not yet written a letter of medical necessity, ask them to do so.

STEP 2 Call your medical insurance plan and/or your employer's Benefits Manager



- Explain that your healthcare provider has been told that a procedure to treat your depression will not be covered by the medical insurance plan.
- Emphasize that your healthcare provider, not the insurance plan, is the behavioral health expert who knows which treatments are right for you.
- Ask for the forms, addresses, and names of people to write explaining that NeuroStar TMS Therapy should be covered for your depression.



STEP 3 Write a letter to your medical insurance plan and one to your employer if you find out they are self insured

• See the sample letter in the next column

STEP 4 Contact Neuronetics

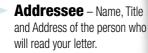
After the medical insurance plan responds to your letter or if you need assistance.



NeuroStar Reimbursement Support **1-877-622-2867** ReimbursementSupport@neuronetics.com

Sample Letter for Step 3

Writing Your Letter





Paragraph 1 – Explain the problem

Your healthcare provider wants to offer you a depression treatment but cannot because the medical insurance plan is not covering the treatment.

Paragraph 2 – Tell Your Story

Explain in detail how your depression is affecting your life and/or job. Detail how long you have had your condition and the type of care you have received, including doctor visits, medications, ECT treatment and/or hospitalization. Explain how your depression persists despite the treatments approved by your insurance company.

Paragraph 3 – Ask for approval

Ask the medical insurance company to approve your healthcare provider's decision to offer NeuroStar TMS Therapy to treat your depression.



Signature – Include your medical insurance ID number and your contact information.

Attachments

- Include your healthcare provider's Letter of Medical Necessitv
- Include the TMS information provided by your clinician or Neuronetics

Remember to keep copies of all your letters to your medical insurance plan.



Terms and Definitions

Advocate/Advocating – Getting involved with your medical insurance plan and your employer to fight for the treatment that your healthcare provider has recommended for your depression.

Appeal – The process for protesting a medical insurance plan's non-coverage decision. Usually, there are several appeal levels that patients and physicians can follow to get the right outcome from the medical insurance plan.

Covered/Coverage – Refers to medical treatments that are approved by your medical insurance plan. Your healthcare provider can receive payment from the medical insurance plan for these covered treatments.

Denial – The rejection of a prior authorization or claim that was submitted by your healthcare provider.

Healthcare Provider – Your physician, nurse, or therapist who has told you TMS Therapy is the right treatment for your depression.

Investigational/Experimental/Unproven – Terms used by medical insurance plans when they believe a procedure has not been adequately proven to improve health outcomes. This is not a statement about safety or effectiveness.

Medical Insurance Plan – A company that manages your medical benefits and usually is chosen by your (or your spouse's) employer. This medical insurance plan, along with your employer, decides which medical treatments are covered for you, and which medical treatments will be reimbursed to your healthcare provider.

Prior Authorization– A request sent by your healthcare provider to your medical insurance plan to gain coverage for a treatment.

Self-Insured Employer Plan – Many employers, especially large companies, arrange for a medical insurance plan (a third-party administrator) to manage a health plan for their employees. The self-insured employer is ultimately responsible for costs of the medical treatment that its employees and their dependents receive.

TMS Therapy – An external device that delivers transcranial pulsed magnetic fields of sufficient magnitude to induce neural action potentials in the prefrontal cortex to treat the symptoms of major depressive disorder in patients who have failed at least one antidepressant medication.

Remission from depression is possible.

Talk to a NeuroStar® physician today.

Indication

NeuroStar TMS Therapy[®] is an FDA-cleared, non-drug treatment for patients with depression who have not benefited from one prior antidepressant medication. NeuroStar TMS Therapy is only available by prescription. A doctor can help decide if NeuroStar TMS Therapy is right for you.

In open-label clinical trials, 1 in 2 patients suffering with depression improved significantly, and 1 in 3 patients were completely free of depression symptoms after six weeks of treatment.¹

Important Safety and Efficacy Information

NeuroStar TMS Therapy should not be used with patients who have non-removable conductive metal in or near the head.

The most common side effect is pain or discomfort at or near the treatment site. There is a rare risk of seizure associated with the use of TMS. You should talk with a NeuroStar physician to determine if TMS Therapy may be right for you.

In a controlled trial, patients treated with active NeuroStar TMS Therapy received greater than 3 times the improvement in depressive symptoms compared to placebo at four weeks (MADRS, -7.1 vs -2.1, P=0.0006).¹

NeuroStar TMS Therapy is available by prescription only. Talk to your doctor to see if NeuroStar TMS Therapy is right for you. For full safety and prescribing information, visit NeuroStar.com.

References:References: 1. Demitrack MA, Thase ME. (2009) Psychopharmacol Bull, 42(2):5-38.

NEURONETICS

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Reimbursement Support: 1-877-622-2867

NeuroStar.com

TheDepressionHopeCenter.com

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