

NHIC received many thoughtful comments on our draft TMS LCD, about half from providers and half from patients, all supporting changing the LCD to one of coverage. Most comments described positive personal experience with TMS from both the patient and provider perspective. Several cited two reports (AHRQ and CEPAC—see references in the final LCD), issued since the LCD draft was published, as supporting coverage.

Nevertheless, the case for non-coverage remains significant. For example, the personal experience comments, while compelling, are anecdotal. The AHRQ and CEPAC reports, while important, don't represent new trial results. Some of our psychiatry CAC members remain skeptical, if not resistant, to coverage. No other Medicare contractor covers TMS. Finally, the literature limitations cited in the original draft remain valid.

However, literature limitations will always exist. There can always be more consistent patient selection, better methodology standardization, and longer follow-up. Despite these limitations, the strength of evidence for rTMS efficacy was considered "high" by AHRQ as evidenced by the associated CEPAC votes. Because of these "endorsements", CAC support, and the many responsible comments, the TMS draft has been revised accordingly.