tms therapy covered by medicare

TMS Therapy Covered by Medicare: What You Need to Know

tms therapy covered by medicare has become an important topic for many seniors and individuals seeking effective treatments for depression and other mental health conditions. Transcranial Magnetic Stimulation (TMS) therapy is a non-invasive, FDA-approved treatment that uses magnetic fields to stimulate nerve cells in the brain, particularly for those who have not found relief through traditional antidepressants. As awareness of TMS therapy grows, so does the question: does Medicare cover this innovative treatment? Understanding the nuances of Medicare coverage for TMS can empower patients to make informed decisions about their healthcare options.

What Is TMS Therapy and Why Is It Important?

TMS therapy is a revolutionary approach to treating depression, especially for patients who have struggled with medication-resistant depression (MRD). Unlike antidepressants that chemically alter brain chemistry, TMS uses magnetic pulses to target specific areas of the brain associated with mood regulation. This non-invasive procedure typically lasts around 30 to 40 minutes per session, with patients undergoing multiple sessions over several weeks.

Many people turn to TMS therapy after experiencing side effects or insufficient relief from antidepressants. It’s often praised for its minimal side effects, which generally include mild discomfort or scalp irritation at the treatment site but lack the systemic side effects common with medication.

How Does Medicare View TMS Therapy?

Medicare is a federal health insurance program primarily for people aged 65 and older, but it also covers certain younger individuals with disabilities. Over recent years, Medicare has started to recognize the benefits of TMS therapy, particularly for treatment-resistant depression.

As of now, Medicare Part B (medical insurance) generally covers TMS therapy when it is deemed medically necessary and prescribed by a doctor. This means that if other treatment options like antidepressants and psychotherapy have been tried and failed, and a healthcare provider recommends TMS, Medicare may provide coverage for the treatment sessions.

Eligibility Criteria for Medicare Coverage of TMS Therapy

Understanding the eligibility criteria Medicare uses to decide if TMS therapy is covered can help patients and caregivers navigate the process more effectively.

Medical Necessity and Documentation

Medicare requires thorough documentation proving that the patient has treatment-resistant depression and that TMS is medically necessary. This usually involves:

- Evidence of previous antidepressant trials without sufficient improvement
- Clinical diagnosis of major depressive disorder (MDD) by a qualified psychiatrist or physician
- A detailed treatment plan outlining the number of TMS sessions

The healthcare provider must submit this documentation to Medicare or the Medicare Advantage plan for approval before treatment begins.

Approved Treatment Centers and Providers

Medicare typically covers TMS therapy only when it is performed in an approved facility and by licensed providers trained in administering TMS. This ensures that patients receive safe and effective care. When searching for TMS therapy providers, it’s essential to confirm whether they accept Medicare and meet these standards.

Costs and Coverage Details for TMS Therapy Under Medicare

One of the biggest concerns for patients considering TMS therapy is the out-of-pocket cost. Even with Medicare coverage, understanding how payments work can help avoid unexpected bills.

What Does Medicare Part B Cover?

Medicare Part B covers outpatient services, including TMS therapy. When coverage is approved, Medicare typically pays 80% of the Medicare-approved amount for TMS sessions. The remaining 20% is the patient’s responsibility unless they have supplemental insurance (Medigap) or are enrolled in a Medicare Advantage plan that covers the copayments.

Are There Limits on the Number of TMS Sessions?

Yes, Medicare generally covers up to 36 TMS treatment sessions in the initial phase. If additional sessions are clinically necessary, such as maintenance treatments, coverage may extend beyond this number but requires further documentation and approval.

Other Costs to Consider

Patients may encounter costs related to initial evaluations, follow-up visits, and other supportive therapies. It’s important to discuss all potential expenses with the healthcare provider and billing office before starting TMS therapy.

How to Get TMS Therapy Covered by Medicare

Navigating the Medicare system can feel overwhelming, but following these steps can simplify the process of getting TMS therapy covered:

1. **Consult with Your Doctor:** Discuss your depression treatment history and ask if TMS therapy is appropriate for your condition.
2. **Obtain a Referral:** Your primary care physician or psychiatrist must provide a referral or prescription for TMS therapy.
3. **Find a Medicare-Approved Provider:** Verify that the TMS provider accepts Medicare and is recognized by the program.
4. **Submit Documentation:** Ensure your provider submits the necessary medical records and treatment plan to Medicare for pre-authorization.
5. **Understand Your Plan:** Review your Medicare coverage details, including deductibles, copayments, and supplemental insurance options.
6. **Follow Up:** Stay in contact with your provider and Medicare to track approval and billing status.

Medicare Advantage Plans and TMS Therapy Coverage

Besides Original Medicare, many beneficiaries choose Medicare Advantage (Part C) plans, which are offered by private insurers approved by Medicare. These plans often include additional benefits and may have different coverage policies for TMS therapy.

Some Medicare Advantage plans cover TMS therapy with lower out-of-pocket costs or fewer restrictions. However, coverage varies widely, so it’s crucial to review the specific plan’s benefits or contact the insurer directly to clarify TMS coverage.

Alternatives and Complementary Treatments to TMS Covered by Medicare

For patients exploring all options, it’s helpful to know what other depression treatments Medicare covers. While antidepressants and psychotherapy are commonly covered, other neuromodulation therapies like Electroconvulsive Therapy (ECT) are also included under Medicare when medically necessary.

Combining TMS therapy with psychotherapy or medication management may enhance treatment outcomes, and these supportive services are typically covered under Medicare Parts B or D, depending on the treatment.

Importance of a Holistic Approach

Mental health treatment is rarely one-size-fits-all. Incorporating lifestyle changes, counseling, and medication alongside TMS therapy can lead to better overall wellness. Medicare’s coverage of these complementary services means patients can access a broad spectrum of care tailored to their needs.

Staying Updated on Medicare and TMS Therapy

Medicare policies evolve over time, especially as new evidence emerges about the effectiveness of treatments like TMS. It’s a good idea for patients and caregivers to stay informed by checking official Medicare resources or consulting with healthcare providers about any updates in coverage or eligibility criteria.

Additionally, advocacy groups and mental health organizations often provide resources and guidance on accessing TMS therapy through Medicare, which can be invaluable in navigating the complexities of insurance approval.

For many seniors and those on Medicare dealing with depression, knowing that TMS therapy covered by Medicare is a viable option offers hope and access to a cutting-edge treatment. While the process requires careful documentation and coordination with healthcare providers, the benefits of potentially improved mental health and quality of life make it a worthwhile endeavor. With the right approach, patients can confidently explore TMS therapy as a part of their mental health journey.

Frequently Asked Questions

Is TMS therapy covered by Medicare?

Medicare generally does not cover Transcranial Magnetic Stimulation (TMS) therapy as it is considered an investigational or experimental treatment for depression.

Are there any Medicare Advantage plans that cover TMS therapy?

Some Medicare Advantage plans may offer coverage for TMS therapy, but coverage varies by plan and region. It's important to check directly with your specific plan provider.

Why doesn't Original Medicare cover TMS therapy?

Original Medicare often excludes TMS therapy because it is still considered a relatively new treatment and lacks sufficient evidence to be classified as medically necessary under Medicare guidelines.

Can I get TMS therapy covered if prescribed by a doctor under Medicare?

Even if prescribed by a doctor, Original Medicare usually does not cover TMS therapy, but a Medicare Advantage plan might provide coverage depending on the policy terms.

Are there any ongoing efforts to get Medicare to cover TMS therapy?

Advocacy groups and some healthcare providers are working to gather evidence and petition Medicare for coverage of TMS therapy, but as of now, it remains largely uncovered by Original Medicare.

Does Medicare cover TMS therapy for conditions other than depression?

Currently, Medicare does not cover TMS therapy for any condition, including depression or other mental health disorders, as it is not recognized as a standard treatment under their coverage policies.

What alternatives to TMS therapy are covered by Medicare for depression?

Medicare covers several treatments for depression, including medication, psychotherapy, and electroconvulsive therapy (ECT), but not TMS therapy under Original Medicare.

How can I find out if my Medicare plan covers TMS therapy?

Contact your Medicare Advantage plan provider directly or review your plan's Summary of Benefits to determine if TMS therapy is covered under your specific plan.

Is TMS therapy covered by Medicaid if not covered by

Medicare?

Coverage of TMS therapy under Medicaid varies by state; some states may cover it while others do not. It's best to check with your state Medicaid program for details.

What costs can I expect if Medicare does not cover TMS therapy?

If Medicare does not cover TMS therapy, you may be responsible for the full cost, which can range from several thousand to tens of thousands of dollars depending on the number of sessions required.

Additional Resources

TMS Therapy Covered by Medicare: A Detailed Examination of Accessibility and Benefits

tms therapy covered by medicare has become an increasingly pertinent topic as Transcranial Magnetic Stimulation (TMS) gains recognition as a viable treatment for major depressive disorder and other mental health conditions. With the growing prevalence of depression and treatment-resistant cases, understanding Medicare's stance on TMS therapy coverage is essential for patients, healthcare providers, and policy analysts alike. This article delves into the nuances of Medicare coverage for TMS therapy, exploring eligibility, benefits, limitations, and the broader implications for mental health treatment accessibility.

Understanding TMS Therapy and Its Clinical Importance

Transcranial Magnetic Stimulation is a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain, primarily targeting areas associated with mood regulation. Approved by the U.S. Food and Drug Administration (FDA) for treatment-resistant depression, TMS therapy has emerged as a promising alternative when traditional antidepressants and psychotherapy fail to yield satisfactory results.

The mechanism involves delivering repetitive magnetic pulses to the prefrontal cortex, which influences neural activity and can alleviate depressive symptoms. Unlike electroconvulsive therapy (ECT), TMS does not require anesthesia and is associated with fewer side effects, making it an attractive option for many patients.

Medicare and TMS Therapy: Coverage Overview

Medicare, the federal health insurance program primarily serving individuals aged 65 and older, as well as certain younger people with disabilities, plays a pivotal role in determining patient access to advanced treatments like TMS therapy. The question of whether TMS therapy is covered by Medicare has evolved over recent years.

Historical Context of Coverage

Initially, Medicare did not cover TMS therapy, categorizing it as an experimental procedure despite FDA approval. This classification limited access primarily to those with private insurance or the ability to pay out-of-pocket. However, growing clinical evidence and advocacy efforts led to a reevaluation.

In 2019, the Centers for Medicare & Medicaid Services (CMS) made a significant policy change by approving coverage for TMS therapy under Medicare Part B, but with specific conditions. This policy adjustment marked a milestone, acknowledging TMS as a medically necessary service for treating major depressive disorder in Medicare beneficiaries who meet defined criteria.

Eligibility Criteria Under Medicare

Medicare coverage for TMS therapy is contingent upon strict eligibility requirements designed to ensure appropriate use. Beneficiaries must:

- Have a diagnosis of major depressive disorder confirmed by a psychiatrist.
- Demonstrate treatment-resistant depression, meaning failure to respond to at least four antidepressant medications and psychotherapy.
- Undergo TMS treatment administered by a qualified provider in a certified facility.
- Receive treatments that conform to FDA-approved protocols.

These stipulations aim to balance patient safety, clinical efficacy, and economic considerations, ensuring that TMS therapy is reserved for those most likely to benefit.

Scope and Limitations of Medicare Coverage

While Medicare Part B coverage is a breakthrough, it comes with certain limitations that impact patient access and affordability.

Covered Services and Reimbursement

Medicare reimburses the costs of TMS equipment, facility fees, and professional services involved in administering the therapy. Typically, patients receive daily sessions over four to six weeks, each lasting about 30 to 40 minutes. The total number of sessions covered is generally up to 36 treatments per episode of depression, with possibilities for additional sessions based on clinical response.

Out-of-Pocket Expenses

Despite coverage, beneficiaries often face copayments or coinsurance, usually around 20% of the Medicare-approved amount, unless supplemental insurance covers these costs. For patients on fixed incomes, these expenses can still represent a financial burden, potentially limiting treatment adherence.

Geographical and Provider Availability

Another practical limitation involves the availability of TMS providers who accept Medicare. Since TMS requires specialized equipment and trained personnel, not all regions have accessible treatment centers, especially in rural or underserved areas. This geographical disparity affects the real-world impact of Medicare coverage.

Comparative Analysis: Medicare Versus Private Insurance Coverage

When evaluating TMS therapy covered by Medicare, it is useful to compare this with private insurance policies.

Variability in Private Insurance Plans

Private insurers vary widely in their approach to TMS coverage. Some plans offer comprehensive coverage similar to Medicare, while others impose stricter limitations on session numbers or require extensive pre-authorization. Co-pays and deductibles also vary, sometimes making private plans more or less affordable depending on the patient’s circumstances.

Medicare Advantage Plans

Medicare Advantage (Part C) plans, offered by private companies approved by Medicare, may provide additional benefits or reduced out-of-pocket costs for TMS therapy. However, coverage nuances depend on the individual plan, emphasizing the importance of reviewing plan details for beneficiaries considering TMS treatment.

Clinical Efficacy and Economic Considerations

The inclusion of TMS therapy in Medicare’s coverage portfolio reflects an acknowledgment of its clinical efficacy, but economic factors continue to influence policy.

Effectiveness in Treatment-Resistant Depression

Multiple clinical trials and meta-analyses indicate that TMS therapy can induce remission or significant symptom reduction in approximately 50-60% of patients with treatment-resistant depression. Compared to chronic pharmacotherapy, TMS offers a non-pharmacological alternative with fewer systemic side effects.

Cost-Effectiveness Analysis

From an economic standpoint, upfront costs of TMS are higher than standard antidepressant treatments. However, studies suggest that TMS may reduce healthcare utilization over time by decreasing hospitalizations and improving productivity. Medicare’s decision to cover TMS reflects a long-term cost-benefit perspective, aiming to improve patient outcomes and reduce overall expenditures related to chronic depression.

Future Directions and Policy Implications

As mental health continues to receive increased attention, the role of Medicare in supporting innovative treatments like TMS therapy is likely to expand.

Potential Expansion of Coverage

Emerging research explores TMS applications beyond depression, including obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and chronic pain. While Medicare currently restricts coverage to major depressive disorder, future policy updates may extend benefits as evidence accumulates.

Improving Access and Provider Networks

Efforts to increase the number of certified TMS providers and enhance provider reimbursement rates could improve accessibility for Medicare beneficiaries. Additionally, telemedicine initiatives and mobile TMS units may address geographical disparities.

Integration with Comprehensive Mental Health Services

Medicare coverage of TMS therapy also highlights the need for integrated mental health care models that combine pharmacological, psychological, and neuromodulation therapies. Coordinated care can optimize treatment outcomes for Medicare recipients struggling with complex psychiatric conditions.

The landscape surrounding tms therapy covered by medicare is evolving, reflecting broader trends in mental health treatment innovation and insurance policy adaptation. For Medicare beneficiaries facing treatment-resistant depression, the availability of TMS therapy represents a critical option. Nevertheless, ongoing challenges related to cost-sharing, provider availability, and eligibility criteria underscore the necessity of informed decision-making and advocacy to fully realize the potential benefits of this technology within the Medicare framework.

Tms Therapy Covered By Medicare

tms therapy covered by medicare: *Transcranial Magnetic Stimulation, Second Edition* Richard A. Bermudes, M.D., Karl I. Lanocha, M.D., Philip G. Janicak, M.D., 2024-12-30

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tms therapy covered by medicare: A Clinical Guide to Transcranial Magnetic Stimulation Paul E. Holtzheimer, William McDonald, 2014 The Clinical Guide serves as a reference tool for clinicians in the administration of transcranial magnetic stimulation (TMS) for neuropsychiatric disorders. The primary intent of this Guide is to focus on the clinical applications of TMS and to offer detailed information on the safe and effective administration of TMS with consideration of the neurophysiological effects particularly in relation to safety, targeting specific cortical areas and practical issues such as the length of treatment sessions and the durability of the TMS response. The Guide focuses on the evidenced based literature and utilizes this literature to inform specific recommendations on the use of rTMS in a clinical setting. The efficacy and safety of TMS for neuropsychiatric disorders, including its use in special populations, such as the elderly, will be reviewed to facilitate clinical decision-making. The Guide will also outline setting up a TMS service including practical issues such as considerations for the qualifications of the person administering the treatment, the use of concomitant medications, what equipment is necessary to have in the treatment room and monitoring the outcomes to treatment. The Guide is intended to be a practical reference for the practicing clinician in the safe and effective administration of TMS.

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2025-07-11 As transcranial magnetic stimulation (TMS) continues to expand from a tool of neuroscience research into a growing array of clinical applications, it presents a number of open questions that both invite and complicate ethical evaluation. Empirically supported concerns remain regarding interactions between TMS and psychiatric medications or other interventions, the potential for adverse effects in stimulated brain regions, and whether modulation of brain activity—particularly via changes in oscillatory states—might affect aspects of personhood. This volume explores the ethical landscape surrounding TMS in both research and clinical settings. Prior neuroethics literature has largely focused on theoretical implications of neurostimulation technologies, including conceptual clarification (e.g., invasiveness) and normative questions regarding the alignment of these technologies with societal values. However, while some empirical work has captured perspectives from TMS patients, many key voices—such as those of family members, clinicians, and underrepresented communities—have remained absent from scholarly discussions. Spanning historical reflection, theoretical debate, empirical analysis, and clinical insight, this collection features contributions from scholars and practitioners working at the intersection of neuroethics, neuroscience, psychiatry, and biomedical engineering. Part I of the volume offers historical and theoretical reflections, including the origins and growth of TMS research, racial disparities in access and participation, caregiver perspectives, and emerging issues related to cognitive enhancement, non-clinical use, and applications in social neuroscience and creativity. Part II turns to new directions and ethical issues in clinical TMS research, addressing treatment subgrouping, adolescent and geriatric use, mood and substance use disorders, suicidality, and the evolving regulatory landscape. Together, these chapters provide an interdisciplinary examination of the ethical, clinical, and societal dimensions of TMS. Whether as an introduction to the neuroethics of brain stimulation or as a resource for neuroscientists, clinicians, engineers, and ethicists, this volume aims to foster greater understanding and dialogue around the responsible development and application of TMS.

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loved ones. There is hope and help for depression!

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quick-reference boxes and tables for point-of-care answers to common clinical questions. - Incorporates electronic links throughout the text that connect the reader to apps and clinical prediction tools that can easily be accessed in practice. - Features thoroughly reviewed and updated information from multiple expert authors and editors, who offer a fresh perspective and their unique personal experience and judgment. - Provides current drug information thoroughly reviewed by PharmDs. - Features nearly 300 images, including algorithms, anatomical illustrations, and photographs, that provide useful information for diagnosis.

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guaranteed by the publisher for quality, authenticity, or access to any online entitlements included with the product. Discover the medication therapy management solution—with this definitive, up-to-date sourcebook The need to improve the use of medications has major implications for the nation's healthcare system. Burdened by high costs and an ineffective process of providing medication therapy, the current prescription drug environment poses considerable risks to patient safety. Medication therapy management (MTM) is designed to address these deficiencies—and this essential text gives pharmacists all the right MTM tools to identify and eliminate drug-related problems that can cause potentially severe adverse events. Medication Therapy Management delivers the most relevant insights into MTM—a vital service that is gaining momentum due to the rapid growth of patient-centered care, healthcare information technology, new practice models (e.g., Patient Centered Medical Home), and new payment methods. Cohesively organized, this expert-authored guide begins with an introduction to data sets for MTM, covering essential topics such as establishing quality and performance improvement, the payer perspective, conducting the comprehensive medication review, and reimbursement. The second part of Medication Therapy Management reviews MTM data sets for a wide spectrum of disorders, from asthma and atrial fibrillation to HIV and heart disease. Enhanced by the latest perspectives on therapeutics, including completely up-to-date tables throughout, Medication Therapy Management is a practical, skill-building roadmap for optimizing drug therapy and enhancing patient outcomes. Features • Everything you need to provide successful MTM services and empower patients to take an active role in their medication and overall healthcare • Turnkey disease-based data sets help you apply proven MTM principles to common disorders • Helpful appendices cover therapy management characteristics and answers to key questions; the MTM practice model and training survey; and the Medicare Part D MTM program standardized format

tms therapy covered by medicare: Late-Life Mood Disorders Helen Lavretsky, Martha Sajatovic, Charles F. Reynolds III, 2013-02-22 This book contains a comprehensive review of the current research advances in late life mood disorders. This detailed review reflects the new understanding of neurobiology and psychosocial origins of geriatric mood disorders in the first decade of the 21st Century and is provided by the international group of leading experts in the field. The review of the latest developments and gold standards of care or methodologies in geriatric mood disorders is complemented by the anticipated future directions of research and translation into clinical practice. Our volume targets a broad audience of clinical researchers and clinicians. The content of the book will increase clinicians' and researcher's competency in recent research findings, and broaden their diagnostic and therapeutic perspectives and power of observation that will prepare them to deal with the challenges of finding appropriate effective treatments for older adults with mood disorders. The discussion of the data is presented in a textbook format and can be used for training of students of geriatric mental health. Individual chapters can be used as references on a particular topic for interested individuals, and obtained online. Clinicians and researchers who are dedicated to the treatment and study of mood disorders in older people might consider this volume an essential part of their library.

tms therapy covered by medicare: *Returning Home from Iraq and Afghanistan* Institute of Medicine, Board on the Health of Select Populations, Committee on the Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families, 2013-04-12 As of December 2012, Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) in Iraq have resulted in the deployment of about 2.2 million troops; there have been 2,222 US fatalities in OEF and Operation New Dawn (OND)1 and 4,422 in OIF. The numbers of wounded US troops exceed 16,000 in Afghanistan and 32,000 in Iraq. In addition to deaths and morbidity, the operations have unforeseen consequences that are yet to be fully understood. In contrast with previous conflicts, the all-volunteer military has experienced numerous deployments of individual service members; has seen increased deployments of women, parents of young children, and reserve and National Guard troops; and in some cases has been subject to longer deployments and shorter times at home between deployments. Numerous reports in the popular press have made the public aware of issues

that have pointed to the difficulty of military personnel in readjusting after returning from Iraq and Afghanistan. Many of those who have served in OEF and OIF readjust with few difficulties, but others have problems in readjusting to home, reconnecting with family members, finding employment, and returning to school. In response to the return of large numbers of veterans from Iraq and Afghanistan with physical-health and mental-health problems and to the growing readjustment needs of active duty service members, veterans, and their family members, Congress included Section 1661 of the National Defense Authorization Act for fiscal year 2008. That section required the secretary of defense, in consultation with the secretary of veterans affairs, to enter into an agreement with the National Academies for a study of the physical-health, mental-health, and other readjustment needs of members and former members of the armed forces who were deployed in OIF or OEF, their families, and their communities as a result of such deployment. The study consisted of two phases. The Phase 1 task was to conduct a preliminary assessment. The Phase 2 task was to provide a comprehensive assessment of the physical, psychologic, social, and economic effects of deployment on and identification of gaps in care for members and former members, their families, and their communities. The Phase 1 report was completed in March 2010 and delivered to the Department of Defense (DOD), the Department of Veterans Affairs (VA), and the relevant committees of the House of Representatives and the Senate. The secretaries of DOD and VA responded to the Phase 1 report in September 2010. Returning Home from Iraq and Afghanistan: Assessment of Readjustment Needs of Veterans, Service Members, and Their Families fulfills the requirement for Phase 2.

tms therapy covered by medicare: *Geriatric Medicine* Michael R. Wasserman, Debra Bakerjian, Sunny Linnebur, Sharon Brangman, Matteo Cesari, Sonja Rosen, 2024-02-19 Both volumes sold as a combined set for a one-time purchase! Older adults represent the most rapidly growing demographic in the U.S. and in many developed countries around the world. The field of geriatric medicine is still relatively young, and is only recently seeing a significant increase in peer reviewed literature. Medicare and Medicaid expenditures related to older adults are nearly a trillion dollars/year in the US. How our healthcare system cares for older adults, and how those older adults navigate an increasingly complex system, is of the utmost importance. According to the Institute of Medicine, physicians and other healthcare professionals receive an inadequate amount of training in geriatric medicine. Geriatric medicine is based on the concept of delivering person centered care with a focus on function and quality of life. It is essential that physicians, nurse practitioners, physician assistants, pharmacists, social workers and other health care professionals all be knowledgeable about thegeriatric approach to care. Geriatric medicine varies from most other fields in medicine. While many specialties function on the basis of evidence-based literature, geriatricians and other clinicians caring for older adults must integrate relatively limited evidence with variable physiological changes and complex psychosocial determinants. Geriatricians are used to caring for 90 year olds with multiple chronic illnesses. Their variable physiology leads to uncertain responses to pharmacotherapy, and their personal goals and wishes need to be incorporated into any plan of care. Practicing geriatric medicine requires the ability to see patterns. But it goes one step further, as the rules are constantly in flux. Every patient is an individual with particular needs and goals. In order to provide true person centered care to older adults, one has to incorporate these factors into the decision making process. The proposed handbookis designed to present a comprehensive and state-of the-art update that incorporates existing literature with clinical experience. Basic science and the physiology of aging create a background, but are not the main focus. This is because every chapter has been written through the lens of “person centered care.” This book is about focusing on what matters to the person, and how that is not always about pathology and physiology. The reader generally will not find simple solutions to symptoms, diseases and syndromes. In fact, the key to caring for geriatric patients is the ability to think both critically and divergently at the same time. Geriatrics encompasses multiple disciplines and spans all of the subspecialties. It requires knowledge of working within an interdisciplinary team. It requires an appreciation of how quality of life varies with each individual and creates treatment and care plans that also vary. And most of all,

it requires a firm commitment to first learning who the person is so that all of the necessary data can be analyzed and integrated into a true person centered plan of care. This book aims to serve as an unparalleled resource for meeting these challenges. Updated and revised from the previous edition, this text features over 40 new peer-reviewed chapters, new references, and a wide array of useful new tools that are updated on a regular basis by interdisciplinary and interprofessional experts in geriatric medicine.

tms therapy covered by medicare: Neuromodulation in Psychiatry Clement Hamani, Paul Holtzheimer, Andres M. Lozano, Helen Mayberg, 2016-01-26 Neuromodulation in Psychiatry Neuromodulation in Psychiatry This is the first comprehensive and detailed reference work that focuses on neuromodulation strategies in psychiatry. Neuromodulation strategies are no longer confined to tertiary hospitals but are used in community practices and even by individual psychiatrists. Surgery for psychiatric disorders is one of the main advances in the field of functional neurosurgery. Neuromodulation in psychiatry includes chapters on the history of this controversial field and the ethics of modern usage of such techniques. Specific chapters are devoted to neuromodulation and surgical strategies used in psychiatry including transcranial magnetic stimulation, transcranial direct current stimulation, vagus nerve stimulation, direct cortical stimulation and deep brain stimulation. A chapter describes the basic principles of each techniques, using figures and schematics to illustrate details for people who do not have personal experience of using these techniques. Another chapter then focuses on the results of clinical research, trials and applications for that strategy. Written by an expert multidisciplinary editorial team across the fields of neurosurgery, psychiatry and neurology, this title: Encompasses basic principles, technical aspects and clinical applications including ethical considerations Clearly explains each technique with implications for clinical practice Presents evidence in a comprehensive summary suitable for all levels Allows psychiatrists to evaluate results obtained using such strategies and to make decisions regarding the best course of treatment for their patients An essential reference guide for psychiatrists, psychologists neurosurgeons, neurologists and respective trainees. The book is the first comprehensive reference work to cover all neuromodulation strategies now used or with potential use in psychiatry. It allows psychiatrists to evaluate results obtained using such strategies and to make decision regarding the best course of treatment for their patients.

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