

TMS El Paso Options Guide 2026

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Transcranial Magnetic Stimulation in the Borderland

An Informational Guide to TMS, Clinical Uses, Treatment Considerations, and
Providers in El Paso, Texas · Las Cruces, New Mexico · Ciudad Juárez, Chihuahua



EL PASO, TX

LAS CRUCES, NM

CD. JUÁREZ, CHIH.

What this guide is

Transcranial magnetic stimulation (TMS) is a non-invasive treatment that uses focused magnetic pulses to modulate activity in targeted brain circuits. A standard course means daily visits over several weeks, which makes practical questions — where the clinic is, whether it takes your insurance, whether staff speak your language, what a session actually costs — as consequential as clinical ones.

The El Paso–Las Cruces–Juárez region is unusual: three jurisdictions, two countries, two regulatory systems, and two currencies inside a metropolitan area that people cross daily. A patient in El Paso may have insurance that covers TMS for depression but not for anything else; the same patient can pay cash across the bridge for a course that is priced very differently and regulated by a different agency. This guide puts those options side by side using the same questions.

What it does not do: it does not tell you which provider is best, does not score or rank clinical quality, and does not recommend a treatment. This is not medical advice. TMS is a medical treatment that requires screening for seizure risk, implanted devices, and other contraindications. Use this guide to build a shortlist and a set of questions, then make the decision with a qualified clinician.

Published by NeuroSpa Clinic, which is listed in this directory.

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What TMS is, and how it works

Transcranial magnetic stimulation uses a magnetic field to induce a small electrical current in a targeted patch of brain tissue. Nothing is implanted, nothing is swallowed, and there is no anesthesia. You sit in a chair, awake, for somewhere between three and forty minutes depending on the protocol, and then you go back to your day.

The physics is the useful part to understand, because it explains both what TMS can do and what it cannot. A rapidly changing magnetic field induces an electrical current in any nearby conductor — that is Faraday induction, the same principle behind an electric motor. Brain tissue is a conductor. Bone and scalp, unhelpfully for other technologies but conveniently here, are nearly transparent to a magnetic field. So a coil held against the head can produce a current inside the brain without anything crossing the skin.

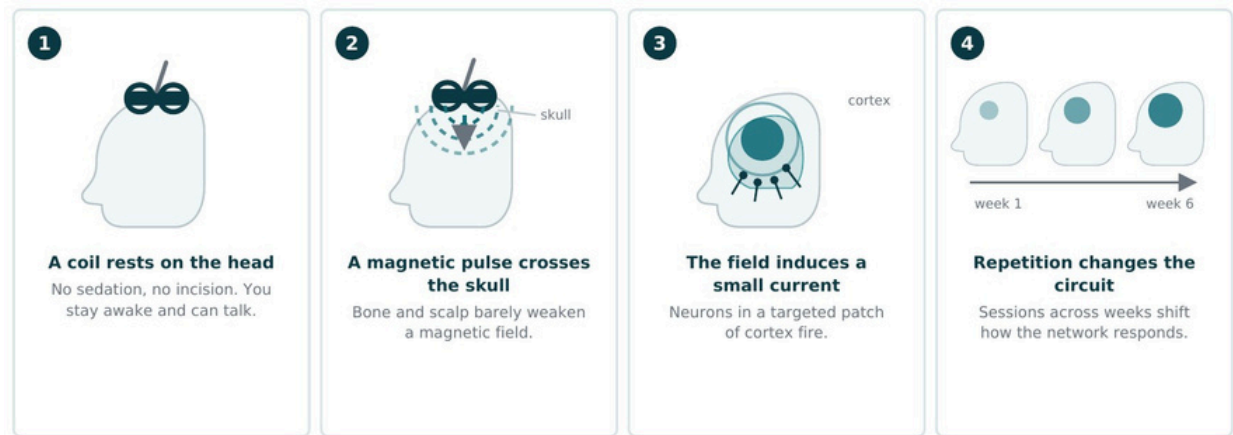


Figure 1. From coil to circuit — the four things that have to happen for a magnetic pulse to become a treatment.

That current makes neurons in a small volume of cortex fire. A single pulse produces a momentary effect — if the coil is over the hand area of the motor cortex, your thumb twitches, and that visible twitch is what makes the next section possible. What turns a momentary effect into a treatment is repetition: trains of pulses delivered in a particular rhythm, repeated daily across weeks, gradually shift how easily the stimulated circuit activates and how it communicates with the regions connected to it. This is why a course takes weeks rather than a single visit, and why stopping early is not a small deviation.

Where the coil goes, and why they zap your hand first

Two things have to be individualized before treatment: how strong the pulse should be, and where it should be aimed. Both are settled in an initial mapping session, and the procedure surprises people who were not told to expect it.

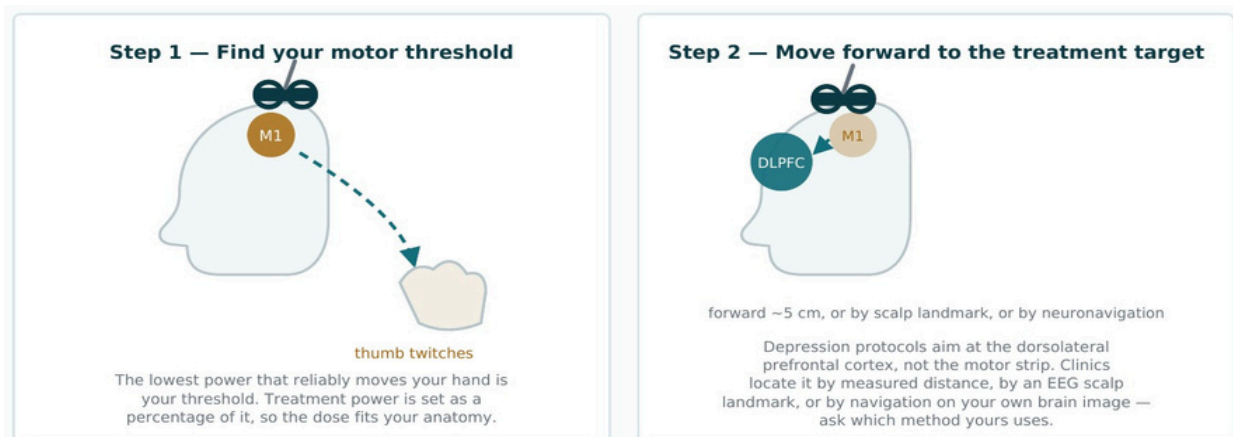


Figure 2. Calibration before treatment. The hand twitch sets the dose; the treatment target is somewhere else entirely.

Skull thickness, brain anatomy and individual excitability vary enough that a fixed power setting would over-treat some people and under-treat others. So the clinician finds the lowest power that reliably produces a visible movement in your hand — your **resting motor threshold** — and sets the treatment intensity as a percentage of it, commonly around 120%. The hand twitch is not the treatment. It is the calibration.

The target for depression is not the motor strip but the dorsolateral prefrontal cortex, several centimeters forward. Clinics locate it in one of three ways: by measuring a fixed distance forward from the motor spot, by an EEG-based scalp landmark, or by neuronavigation, which

registers the coil position against an image of your own brain. Navigation is more precise; whether that precision changes outcomes for a given patient is a reasonable question to ask the clinic rather than to assume in either direction.

Coils differ, and the difference is real

Neither coil is simply better. A focal field concentrates the dose where it is aimed and spares surrounding tissue; a broad, deeper field reaches structures a figure-8 coil cannot, at the cost of stimulating more tissue than the target. Which matters more depends on the indication and on the protocol the manufacturer validated. The practical point for a patient is that the coil type, the device and the cleared protocol travel together — a clinic's device partly determines which treatments it can offer.

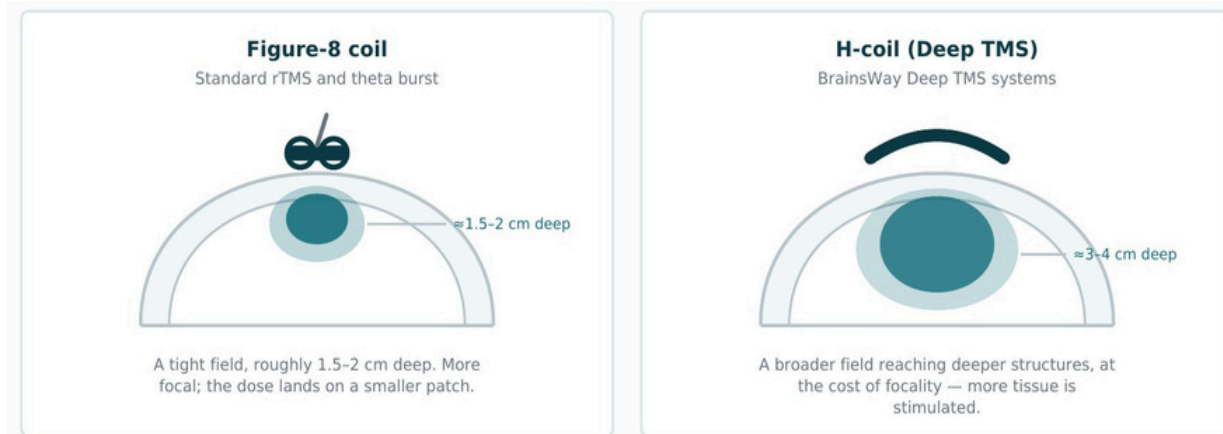


Figure 3. Field shape by coil type, shown in cross-section. Depths are approximate.

What a course involves

Whatever the indication, TMS is a course of treatment rather than a procedure. The schedule is the part people underestimate.

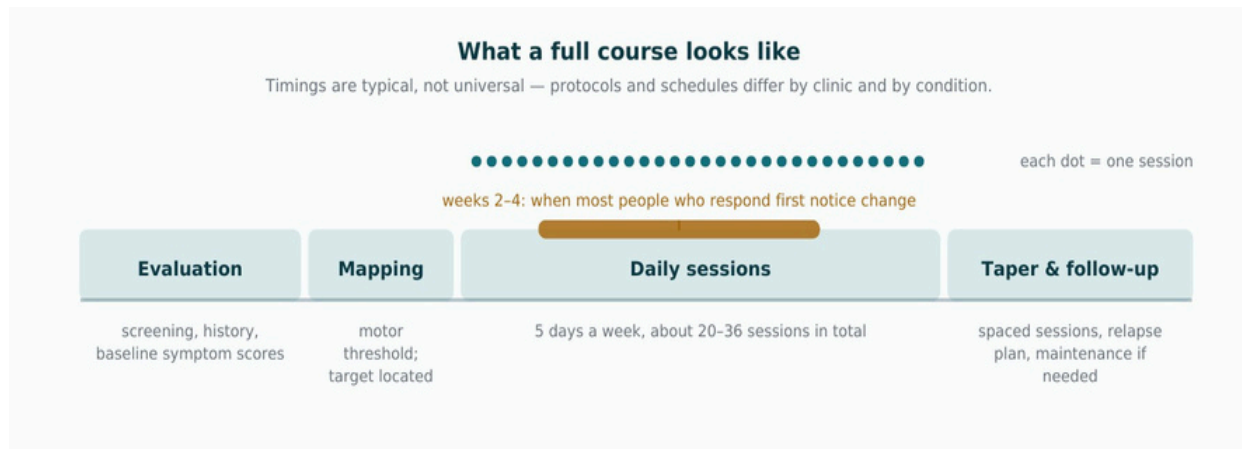


Figure 4. A typical course. Protocols vary; accelerated formats compress this considerably.

A conventional course is commonly delivered five days per week, but that is not the only workable schedule. For depression, research suggests that treatment two or three times per week can also be effective when the planned number of sessions is completed.

Improvement may develop more slowly because the same course is spread across more calendar weeks. Three-times-weekly treatment has been reported as producing similar eventual benefit with a slower response, and one randomized trial found both two-times-weekly and five-times-weekly schedules effective. [CANMAT guideline](#) and [randomized trial](#).

This can make treatment considerably more manageable for people balancing work, caregiving, long drives, or repeated border crossings. The tradeoff is duration: fewer visits each week generally means remaining in treatment longer. Evidence for reduced-frequency schedules is also less extensive than for weekday treatment and should not automatically be generalized to every condition, device, or protocol.

Ask the clinic:

- Can this protocol be delivered two or three times per week?
- Has that schedule been studied for my condition and the specific protocol being offered?
- Will I receive the same total number of sessions and pulses?
- How much longer will the course take?
- How will progress be measured if improvement develops more gradually?
- Would missing a session require extending or restarting any part of the course?

Aflexible schedule should still be a defined clinical plan—not simply a series of appointments arranged whenever convenient.

What a session is actually like

You sit in a reclining chair. The technician positions the coil against your head and checks it against your mapped coordinates. Stimulation runs in trains — several seconds on, a pause, then again — and it is loud, so you wear earplugs. Most people describe the sensation as a firm tapping or knocking on the scalp, sometimes uncomfortable in the first sessions and usually less so as you get used to it. You can talk, and you should say something if it hurts, because intensity and coil angle can often be adjusted. Afterward you drive yourself home. There is no sedation and no recovery period.

Safety, side effects and what to expect

Side effects and safety

The common side effects are scalp discomfort at the stimulation site and headache, both usually mild, both usually easing over the first week. Some people notice facial-muscle twitching during stimulation, or transient lightheadedness. Hearing protection matters and is not optional.

The serious risk is seizure, and it is rare. A survey covering 586,656 treatment sessions in 25,526 patients recorded 18 seizures — a rate of 0.31 per 10,000 sessions, or 0.71 per 1,000 patients. The same survey found the relative risk was not uniform across equipment: H-coil (Deep TMS) treatment was associated with a higher rate than figure-8 coil treatment (5.56 versus 0.14 seizures per 1,000 patients). Both figures are small in absolute terms, and the finding comes with the usual caveats of voluntary reporting, but it is a fair thing to ask about if a Deep TMS course is being proposed and you have any risk factors.

Screening exists for good reasons. Tell any clinic about a personal or family history of seizures, any metal or electronic device implanted in or near your head — cochlear implants, aneurysm clips, stimulators — a history of head injury, current medications that lower seizure threshold, heavy alcohol use or withdrawal, sleep deprivation, and pregnancy. Some of these rule TMS out; most simply change how it is done.

What to expect from the results

Improvement is usually gradual, and often becomes noticeable to other people before it becomes noticeable to you — a family member remarking that you seem more like yourself is a common first sign. Some respond in the first two weeks, some not until the fifth or sixth, some not at all. No clinic can tell you in advance which group you are in, and anyone who promises a result is describing their marketing, not your brain.

Local data provide a useful reference point.

The University of Texas at El Paso (UTEP) doctoral study by John W. Capps, 285 patients receiving TMS for depression in an El Paso psychiatric clinic were followed using repeated PHQ-9 depression scores. Rather than everyone improving in the same way, the analysis identified distinct treatment-response trajectories — an important reminder that TMS response varies considerably from person to person.

In this real-world clinical sample, approximately 69.5% of patients achieved at least a 50% reduction in depressive symptoms, and approximately 47% were in remission by the completion of treatment. When the trajectories were examined more closely, about 56.5% showed an excellent response, 30.2% showed a more moderate response, and 13.2% were classified as non-responders.

These numbers are encouraging, but they are not a guarantee. They describe what happened across a group of patients treated in routine clinical practice, not what will happen to any one person. The UTEP study also found that factors such as greater depression severity at the beginning of treatment and comorbid chronic pain were associated with poorer response, further emphasizing that outcomes depend on the individual clinical picture.

For that reason, a good TMS program should not simply count sessions and wait for the end. Symptoms should be measured throughout treatment so that the clinical team can determine whether you are improving, how quickly you are improving, and whether the treatment plan needs to be reconsidered or adjusted.

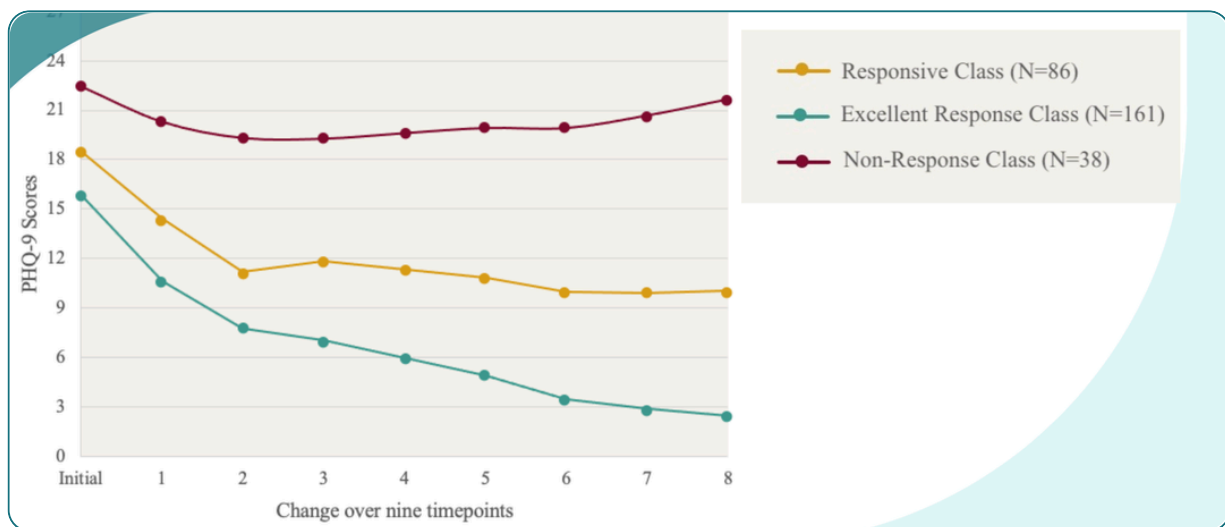


Figure 4. TMS treatment-response trajectories in a local El Paso clinical sample. Longitudinal PHQ-9 scores from 285 patients receiving transcranial magnetic stimulation (TMS) for depression showed three distinct response patterns: an excellent-response class (n = 161), a responsive class (n = 86), and a non-response class (n = 38). The figure illustrates the substantial variability in how depressive symptoms change over the course of TMS treatment. Source: Capps, J. W. (2023). Demographic and Clinical Variables Associated With Transcranial Magnetic Stimulation Response in Depression: A Growth Mixture Modeling Study [Doctoral dissertation, The University of Texas at El Paso].

The machines, and how they differ

Two families of equipment are sold under the words "transcranial magnetic stimulation" in this region, and they are not variants of one thing. What separates them is the strength of the magnetic field at the coil — and, following from that, whether a pulse is strong enough to make neurons fire at all.

This matters to a patient for a practical reason. Almost everything in the evidence section of this guide — every trial, every meta-analysis, every FDA clearance — was produced using equipment from the first family, run above motor threshold. Evidence generated one way does not automatically transfer to a device working a different way, however similar the name on the door.

Class 1 — Clinical rTMS systems (supra-threshold)

Field strength at the coil of roughly **1 to 2.5 tesla**. Dose is set as a percentage of the patient's own motor threshold, commonly around 120%, which is above the level at which neurons depolarize. The effect is direct and focal. These are heavy, fixed installations: cooled coils, a treatment chair, substantial power draw. Every platform below holds FDA clearances for named indications.

iTBS, sometimes marketed as "Express" TMS, is a protocol rather than a separate machine — a different pulse pattern delivered on this class of hardware, compressing a session to roughly three minutes.

Platform	Coil	FDA-cleared indications	Used in this region by
NeuroStar (Neuronetics)	Figure-8	Adult MDD · anxious depression · OCD (adjunct) · adolescent MDD 15–21	Texas Tech Health El Paso · Haracec · Vigor (Las Cruces service page)
BrainsWay Deep TMS	H-coil	Adult MDD · anxious depression · OCD · smoking cessation · adolescent MDD 15–21	Katie's Way Plus · Haracec
Neurosoft Neuro-MS/D — also sold as CloudTMS	Figure-8	Adult MDD (K173441, cleared Dec 2017) · OCD	AAPsychiatry/TMS El Paso (as CloudTMS) · NeuroSpa Clinic (as Neuro-MS/D) · Haracec
Magstim	Figure-8	Adult MDD	Haracec

Class 2 — Low-intensity and proprietary sub-threshold protocols

Either a field in the **millitesla** range— thousandths of a tesla — or conventional hardware deliberately run *below* motor threshold. The claimed mechanism is *progressive neuromodulation* and *plasticity* rather than direct depolarization. Equipment is light, portable and low-powered, which is a real advantage in cost and access. None of the protocols below holds an FDA clearance.

System	Published intensity	Regulatory status	Where in this region
Actipulse	Manufacturer's own term: "LI-TMS", low-intensity. No figure relative to motor threshold published.	No FDA, COFEPRIS or CE claim appears on the company's site. An FDA pivotal trial was announced in 2021.	Mens Sana Clinic, Ciudad Juárez
MeRT (Wave Neuroscience)	Sub-threshold. A published MRT protocol set output at 80% of motor threshold, against the ~120% typical of cleared depression protocols.	No FDA clearance for the protocol.	Neurocoaching Wellness Center, Ciudad Juárez
NIBBOT	Published range 1–300 Gauss, i.e. 0.1–30 millitesla. The manufacturer's own page is titled "Subthreshold TMS".	Cites ISO 13485, which certifies manufacturing quality rather than clinical effect, and is not a regulatory clearance. The site also carries a disclaimer that the product is not a medical device.	Not known to be in use in these three cities — listed as a class example

For scale. 2.5 tesla is 2,500 millitesla. NIBBOT's published maximum of 30 millitesla is roughly one-eightieth of the field a clinical system produces at the coil. MeRT uses clinical-strength hardware but sets the dose below the threshold at which neurons fire as per noted in current research findings.

What this comparison does and does not establish

Low intensity is not the same as ineffective, and nothing here says these devices do nothing. There is a legitimate research literature on low-intensity stimulation, mostly preclinical, and a device can be genuinely useful without producing a visible motor response. Portability and cost are real advantages, and for patients who cannot reach or afford a clinical course, an accessible option is not nothing. The point is narrower. A low-intensity or sub-threshold device is making a *different* claim, and it needs its own evidence rather than borrowing the evidence built on supra-threshold rTMS. The burden sits with whoever makes the claim. If you are offered one of these, the question to ask is not whether the machine is FDA-approved in some general sense, but what published, peer-reviewed evidence supports this device at this intensity for your condition.

How this guide was built

Identifying providers

We searched for TMS providers in the three cities using web search in English and Spanish, Google Maps business listings, manufacturer provider locators, and third-party TMS directories, then visited each candidate's own website. A provider is included if its own public materials, or a public business listing it controls, state that it offers transcranial magnetic stimulation at a location in one of the three cities. Practices that appeared in TMS directories or map searches but whose own sites showed no TMS service were excluded; two clinics were removed this way after review. Two further clinics that do offer magnetic stimulation are named in the scope note rather than listed in the directory — that decision, and the conflict of interest attached to it, are set out there.

What we verified — and what "Not publicly listed" means

For every provider we looked for the same fourteen data points: clinic name, city, years offering TMS, device or platform, TMS type, indications and protocols offered, psychotherapy or cognitive-rehabilitation integration, targeting method, clinician oversight, insurance and self-pay arrangements, published prices, bilingual availability, public rating and review count, and location and access notes.

Most clinics do not publish most of this. Rather than guess, fill gaps from marketing copy, or drop providers with thin websites, we print "**Not publicly listed**" and keep the entry. That phrase means exactly one thing: *we could not verify this from a public source at the verification date*. It is not a criticism of the clinic and it does not mean the clinic lacks the thing described. A clinic that does not publish its device model may use an excellent one. Ask.

Where a provider makes a claim about itself that we could not independently verify — an internal outcome statistic, a "first in the region" claim — we attribute it to the provider rather than repeating it as fact.

How providers are ordered

Entries are grouped by city and listed **alphabetically**. The order carries no information: it is not a ranking, not a recommendation, and not a quality judgment. Alphabetical order is the only arrangement that cannot be mistaken for one.

An earlier draft ordered providers by Google star rating, and the reason we abandoned that is worth stating. A 5.0 average drawn from three reviews sat above a 4.9 drawn from a hundred and sixty-three, which inverts the strength of the evidence. Ratings attached to multi-site practices reflect one address rather than the whole organization, and sometimes reflect a parent practice's general services rather than its TMS program at all. Any ordering built on that data would have implied a precision the data does not have — and it would have placed this guide's publisher near the top of its own city section on a metric the publisher selected.

The adjusted rating column

Ratings are still reported, because they are real information. To make them comparable across clinics with very different review volumes, the comparison table adds an **adjusted rating**: each clinic's own average pulled toward the regional average, in proportion to how little evidence supports it. This is standard Bayesian shrinkage, and the arithmetic is published here so anyone can check it:

$$\text{adjusted} = (v / (v + M)) \times R + (M / (v + M)) \times C$$

R the clinic's Google rating · v its number of reviews · C the mean rating across the 14 rated clinics in this guide, currently **4.42** · M the prior strength, set at **25** reviews

M is the only judgment call, and setting it to 25 means a clinic's own rating carries half the weight once it has 25 reviews, and less than half below that. We chose a round, stated number rather than one derived from this year's data so that the figure stays comparable between revisions. Adjusted values below 25 reviews are marked with an asterisk, because at that volume the number is telling you more about the region than about the clinic.

What the adjusted column does not measure. Google reviews of a mental-health clinic largely capture front desk courtesy, scheduling, billing and whether a particular patient's symptoms happened to lift. They do not measure protocol quality, device appropriateness, targeting method, or clinical oversight — the things this guide's other columns are for. A well-weighted rating is still a rating. Use it as one input among several, not as a verdict.

Verification date

All provider information was verified in **September 2026**. Prices, insurance participation, staffing and device inventory change frequently. Confirm anything that matters to your decision directly with the clinic.

How to read a TMS listing

The comparison categories used in every entry, and why each one matters:

Device / platform

The manufacturer and system — for example NeuroStar, BrainsWay, MagVenture, Magstim, CloudTMS, Neurosoft. Different systems hold different regulatory clearances and use different coil geometries, so the device partly determines which protocols a clinic can deliver.

TMS type & protocol

rTMS (repetitive TMS) with a figure-8 coil is the conventional form, typically about 19–37 minutes per session. **ITBS** (intermittent theta-burst stimulation), often marketed as "Express" TMS, compresses a comparable dose into roughly three minutes. **Deep TMS** uses an H-coil to stimulate a broader, deeper field. Session count and schedule matter as much as coil type: a typical acute course is about 20–36 sessions over four to nine weeks.

Indications offered

What the clinic says it treats with TMS. Regulatory status and evidence strength both vary sharply across this list, which is why "Conditions treated" takes them one at a time rather than presenting all indications as equivalent.

Psychotherapy / cognitive rehabilitation

Whether structured psychological or cognitive treatment runs alongside the stimulation course as part of one plan, as opposed to being separately available in the same building. Both models are legitimate; they are different products.

Targeting method

How the coil position and stimulation intensity are set. Most clinics determine a resting motor threshold and locate the target by scalp measurement. Some add neuronavigation (using an individual's anatomy) or EEG-informed selection. More technology is not automatically better; ask what a given method changes about your treatment.

Clinician oversight

Who prescribes, who screens for contraindications, who sets the protocol, and who is present during sessions. In the United States, TMS is delivered under physician or advanced-practice-provider direction; sessions themselves are commonly run by trained technicians. Regulations differ in Mexico.

Insurance / self-pay and published prices

US coverage is generally strongest for FDA-cleared adult depression after documented failed medication trials, and typically requires prior authorization. Off-label indications are usually not covered. Mexican clinics generally operate on private pay.

Bilingual availability

Whether the clinic states it delivers care in Spanish and English. A course of TMS involves weeks of daily clinical contact and repeated symptom rating; language matters more here than for a single consultation.

Rating and review count

Public Google star rating and number of reviews at the verification date. Review volume for TMS clinics is generally low, so these numbers are noisy; the comparison tables pair each rating with a volume-adjusted figure. Entries are never ordered by rating.

What the research shows

Clinics in this region advertise TMS for a wide range of conditions. Rather than sorting those conditions by what a regulator has reviewed, this guide sorts them by what the clinical research actually supports — and reports the regulatory position separately, because in practice it mostly determines who pays.

Those two things come apart more often than patients are told. Neuropathic pain has the strongest possible rating in the European evidence-based guidelines — Level A, definite efficacy — and no FDA clearance in the United States. Smoking cessation has an FDA clearance and a thinner literature than post-traumatic stress disorder, which has none. A clearance means a manufacturer submitted a dossier for a specific device, a specific protocol and a specific population, and that commercial decision is shaped by market size and cost as much as by science. It is a useful fact. It is not a summary of the evidence.

Off-label use is a normal, lawful and often appropriate part of medicine. Much of everyday psychiatry and neurology is off-label. What patients deserve is not a treatment restricted to cleared indications, but an honest account of how much is known, told without inflation in either direction.

How the evidence is graded here

Each condition in the next section carries a five-level rating of research strength. The rating reflects three things: how many randomized controlled trials exist, whether meta-analyses find a consistent effect, and whether an independent guideline body has assessed it. The anchor for the highest ratings is the European evidence-based guideline on therapeutic rTMS (Lefaucheur and colleagues, *Clinical Neurophysiology*, 2020), which assigns Level A for definite efficacy, Level B for probable and Level C for possible, target by target and frequency by frequency. Where more recent meta-analyses exist, they are cited with the condition.

	Established	Multiple randomized trials, consistent meta-analyses, and a guideline body rating of definite efficacy.
	Strong	Meta-analytic support and, usually, a guideline rating of probable efficacy. Fewer trials than above.
	Moderate	Several randomized trials; meta-analyses positive, or the trial base is small.
	Preliminary	Small trials, low-certainty grading, or meta-analyses that disagree with each other.
	Early	Pilot studies, case series, or a literature whose early promising results have not been reproduced.

A note on effect sizes. Where a standardized mean difference (SMD) is quoted, roughly: 0.2 is a small effect, 0.5 medium, 0.8 or above large. These are averages across groups of people in trials, not predictions for an individual, and a large average effect drawn from four small studies is weaker evidence than a medium effect drawn from forty. Trial populations also tend to be more narrowly defined than the patients who walk into a clinic.

Conditions treated

What follows covers the conditions that clinics in this region advertise, plus several with strong research support that no clinic here offers — included because knowing what TMS is good for elsewhere tells you something about what is and is not on the table locally. Each entry gives the research position, the regulatory status, the coverage reality, and which clinics in the directory advertise it.

Advertising a condition is not the same as having expertise in it. Use these entries to frame the questions in "Questions to ask any TMS provider," not as a shortlist.

A note on Mexico

FDA clearance is a United States regulatory category. Medical devices in Mexico are regulated by COFEPRIS (Comisión Federal para la Protección contra Riesgos Sanitarios), which runs its own authorization process. A Mexican clinic offering TMS for an indication with no FDA clearance is not doing anything irregular under Mexican law by virtue of the US classification. The research ratings below apply on both sides of the border; the regulatory and coverage rows do not.

Psychiatric conditions

✓✓✓✓ Major depression in adults — ESTABLISHED

The most studied application by a wide margin. European evidence-based guidelines give high-frequency rTMS of the left dorsolateral prefrontal cortex a Level A rating — definite efficacy — using either a figure-8 or an H1 coil, and give low-frequency stimulation of the right DLPFC, or bilateral stimulation, Level B. A cross-disorder meta-analysis of 208 randomized trials found a medium pooled effect for unipolar depression (SMD -0.60), with significant heterogeneity between trials. In routine practice rather than trial conditions, a registry of 5,010 patients treated at 103 sites reported response in 58–83% and remission in 28–62%, the range reflecting whether the rating came from the patient or the clinician.

Regulatory status	FDA-cleared since 2008 (figure-8 rTMS); Deep TMS 2013; theta-burst / “Express” protocol 2018.
Coverage	The indication US insurers cover most consistently, typically after documented failed medication trials and with prior authorization.
In this region	Offered by every provider in this directory.

✓✓✓✓ Depression with prominent anxiety — STRONG

Anxiety symptoms occurring within a depressive episode improve alongside mood in trial and registry data, and this was specific enough for regulators to recognize it separately. This is different from treating an anxiety disorder as the primary target, which is a thinner evidence base — see below.

Regulatory status	FDA-cleared for adults for both the NeuroStar and BrainsWay platforms, as reduction of anxiety symptoms in major depressive disorder.
Coverage	Generally covered as part of a depression course, not as a separate benefit.
In this region	Offered by every provider in this directory.

✓✓✓✓ Depression in adolescents (ages 15–21) — STRONG

Trials in adolescents are far fewer than in adults, but the results were sufficient for two manufacturers to obtain clearance as an add-on to usual care. The evidence supports adjunctive use — TMS alongside existing treatment — rather than replacing it.

Regulatory status	FDA-cleared as an adjunct: NeuroStar for ages 15–21 in March 2024; BrainsWay for ages 15–21 in November 2025.
Coverage	Coverage is newer and less uniform than for adults; expect to verify plan by plan.
In this region	Ask specifically — not every clinic treats under 18, and some set their own lower age limit.

✓✓✓✓ Obsessive-compulsive disorder — STRONG

An umbrella review of 12 separate meta-analyses concluded that rTMS targeting the dorsolateral prefrontal cortex and the supplementary motor area consistently reduces OCD symptoms, while noting high heterogeneity in nine of the twelve. The 208-trial cross-disorder analysis found a medium effect (SMD -0.66). Cleared OCD protocols commonly include a brief individualized symptom provocation immediately before stimulation.

Regulatory status	FDA-cleared as an adjunct in adults: BrainsWay Deep TMS in 2018; NeuroStar subsequently.
Coverage	Covered by some plans, less consistently than depression; prior authorization and documented prior treatment are usual.
In this region	Advertised in this region by MindBliss Psychiatry, Haracec Complete Healthcare, TMS El Paso and NeuroSpa Clinic.

✓✓✓✓ Post-traumatic stress disorder — STRONG

European guidelines assign Level B — probable efficacy — to high-frequency rTMS of the right DLPFC. A 2025 meta-analysis of 15 randomized trials in 760 patients found a large pooled improvement in core PTSD symptoms (SMD 1.29), with a dose-response relationship: more sessions produced larger reductions. High- and low-frequency protocols did not differ significantly from each other. Sample sizes remain small and protocols vary.

Regulatory status	Not FDA-cleared for PTSD by any device. Treatment is off-label.
Coverage	Rarely covered as a primary PTSD indication. Some patients are treated for a co-occurring depression diagnosis, which is a different clinical and billing question — ask the clinic to explain exactly what is being treated and billed.
In this region	Advertised by Katie's Way Plus, Haracec, La Mente Behavioral Health, TMS El Paso and NeuroSpa Clinic. Several El Paso clinics orient toward the Fort Bliss community.

✓✓✓✓ Smoking cessation — STRONG

A systematic review of 94 neuromodulation studies in 4,036 participants found rTMS the most promising modality for substance use overall. For tobacco specifically, multi-session rTMS produced a large reduction in cigarette consumption (SMD -1.65); the effect on self-reported craving did not reach statistical significance, which is a meaningful distinction — behavior changed more clearly than reported urges.

Regulatory status	FDA-cleared for BrainsWay Deep TMS in 2020 as an aid to short-term smoking cessation in adults.
Coverage	Coverage is uncommon despite the clearance; most patients pay out of pocket.
In this region	Advertised in this region by Haracec Complete Healthcare.

✓✓✓✓ Alcohol, methamphetamine and other substance use — MODERATE

In the same 94-study review, multi-session rTMS for alcohol use reduced both craving (SMD -1.25) and consumption (SMD -1.39). Seven of eight methamphetamine studies showed improvement in craving or use. Findings for cocaine and opioids were mixed. The authors called neuromodulation promising for substance use disorders while calling for longer treatment courses, biochemical verification of abstinence and longer follow-up — a fair summary of where this stands.

Regulatory status	Not FDA-cleared for these substances. Off-label.
Coverage	Not covered. Self-pay.
In this region	TMS El Paso lists addictions among its off-label uses; NeuroSpa Clinic and Neurocoaching Wellness Center list chemical dependency.

✓✓✓✓ Anxiety disorders as the primary target — MODERATE

The 2018 cross-disorder meta-analysis reported a large effect for generalized anxiety disorder (SMD -1.8) with no heterogeneity between trials, which sounds impressive — but it rests on a small number of studies. A large effect from few trials is a weaker basis for a decision than a medium effect from many. Treat this as promising and under-tested rather than settled.

Regulatory status	Not FDA-cleared as a standalone anxiety indication. Off-label.
Coverage	Not covered as a primary indication.
In this region	Widely advertised across the region, including by La Mente, Haracec, Freedom BHS, Sunrise Neuro Behavioral and NeuroSpa Clinic.

✓✓✓✓ Bipolar depression — MODERATE

Smaller literature than unipolar depression, including a randomized trial of accelerated theta-burst stimulation in treatment-refractory bipolar depression. Results are encouraging but the base is thin, and the clinical judgment that matters most here is not about efficacy: stimulation can in principle precipitate a switch into mania or hypomania. Mood stabilization and monitoring should be settled before a course begins.

Regulatory status	Not FDA-cleared for bipolar depression. Off-label.
Coverage	Rarely covered.
In this region	TMS El Paso and NeuroSpa Clinic list bipolar depression among treated conditions.

✓✓✓✓ Negative symptoms of schizophrenia — MODERATE

The cross-disorder meta-analysis found medium effects on negative symptoms, with significant heterogeneity across trials. Neither TMS nor tDCS improved positive symptoms overall. Treatment-resistant auditory hallucinations have their own separate, older literature using low-frequency stimulation of temporoparietal cortex.

Regulatory status	Not FDA-cleared. Off-label.
Coverage	Not covered.
In this region	Not a focus of any clinic in this directory; a small number list psychosis among conditions treated generally.

✓✓✓✓ ADHD — MODERATE

The evidence here genuinely conflicts, and it is worth seeing both sides. A 2025 systematic review of 8 studies in 325 patients found significant improvement in inattention (SMD -0.94) and in hyperactivity and impulsivity (SMD -0.98), with benefits on inattention persisting at one month. Protocols that pair stimulation with cognitive training rather than delivering it alone have a stronger mechanistic rationale, and that is the direction most current work is taking. And further randomized trials are recruiting, so this rating is one of the likelier ones in this guide to move — in either direction — within a few years.

Regulatory status	Not FDA-cleared. Off-label.
Coverage	Not covered.
In this region	Advertised by TMS El Paso (explicitly as off-label), Vigor Health Services, Neurocoaching Wellness Center and NeuroSpa Clinic.

Neurological and rehabilitation conditions

✓✓✓✓ Neuropathic pain — ESTABLISHED

One of only three indications to reach Level A — definite efficacy — in the European guidelines: high-frequency rTMS of the primary motor cortex on the side opposite the pain. This is a neurology and pain-medicine application rather than a psychiatric one, and it uses a different target from depression protocols.

Regulatory status	Not FDA-cleared as a pain indication in the United States, despite the Level A rating — a clear example of evidence and regulatory status diverging.
Coverage	Not covered in the US.
In this region	Not offered by clinics in this directory.

✓✓✓✓ Motor recovery after stroke — ESTABLISHED

Level A for low-frequency rTMS of the motor cortex in the uninjured hemisphere for hand motor recovery in the post-acute phase, and Level B for high-frequency stimulation of the injured hemisphere. This is the application where pairing stimulation with task practice — physical or occupational therapy — has the strongest support of any combined protocol.

Regulatory status	Not FDA-cleared. Delivered in rehabilitation settings and research programs.
Coverage	Not routinely covered.
In this region	Not offered as a stroke rehabilitation program by clinics in this directory.

✓✓✓ Chronic post-stroke aphasia — STRONG

Level B for low-frequency rTMS of the right inferior frontal gyrus, generally combined with speech and language therapy. As with motor recovery, the stimulation is understood to open a window that the therapy then fills.

Regulatory status	Not FDA-cleared.
Coverage	Not routinely covered.
In this region	Not offered by clinics in this directory.

✓✓✓ Fibromyalgia — MODERATE

Level B on two separate targets for two separate outcomes: high-frequency rTMS of the left motor cortex for quality of life, and high-frequency rTMS of the left DLPFC for pain itself. The split is instructive — which target a clinic chooses should follow which outcome matters most to the patient.

Regulatory status	Not FDA-cleared.
Coverage	Not covered.
In this region	Not offered by clinics in this directory.

✓✓✓ Parkinson's disease and multiple sclerosis — MODERATE

Level B for high-frequency rTMS of both motor cortices for motor impairment in Parkinson's disease, and Level B for high-frequency stimulation of the left DLPFC for depression occurring in Parkinson's. For multiple sclerosis, Level B for intermittent theta-burst stimulation of the leg motor area for lower-limb spasticity.

Regulatory status	Not FDA-cleared for these indications.
Coverage	Not covered.
In this region	Not offered by clinics in this directory.



Migraine— ESTABLISHED

Worth separating clearly: migraine devices deliver single magnetic pulses, not the repetitive trains used in psychiatric rTMS. They are a different device class with their own clearances, their own evidence, and a home-use rather than clinic-course model. A clinic offering depression rTMS is not thereby offering migraine treatment.

Regulatory status	Single-pulse TMS is FDA-cleared for acute treatment and prevention of migraine, including in patients aged 12 and older.
Coverage	Handled separately from psychiatric TMS benefits.
In this region	Not offered by clinics in this directory.



Cognitive decline, MCI and dementia — MODERATE

This rating moved up in the current revision. A 2026 systematic review and meta-analysis of 11 randomized trials in 532 patients with mild cognitive impairment found improvement in global cognition (MMSE mean difference 2.35; MoCA 1.31) and in verbal memory, with heterogeneity mostly low to moderate and GRADE certainty rated moderate for the main cognitive outcomes — a stronger and more consistent picture than the earlier literature supported. Protocols pairing stimulation with cognitive training are the most active line of work, and the mechanistic case for them is the same one that underpins stroke rehabilitation. Set against that: the one combined rTMS-plus-cognitive-training system taken to the FDA, neuroAD, was rejected by an advisory panel in 2019 on a 14–0 effectiveness vote, with the prespecified analysis favouring sham. No rTMS device holds a US clearance for Alzheimer's disease, follow-up in most trials is short, and larger high-quality trials are still needed and under way — the meta-analysis authors say so themselves.

Regulatory status	Not FDA-cleared. Off-label.
Coverage	Not covered.
In this region	Advertised by TMS El Paso (as a cognitive-disorder off-label use) and NeuroSpa Clinic.

Emerging areas



Autism spectrum conditions — PRELIMINARY

Systematic reviews of rTMS in autism describe a small literature with varied targets, varied protocols and varied outcome measures — some studies report improvement in repetitive behaviors or executive function, particularly in participants without intellectual disability, but samples are small and blinding is difficult. There is no consensus protocol. Families should expect a treatment being explored, not one being delivered on settled evidence.

Regulatory status	Not FDA-cleared. Off-label.
Coverage	Not covered.
In this region	Advertised by Haracec Complete Healthcare (a separate autism TMS program), TMS El Paso, Vigor Health Services, Neurocoaching Wellness Center and NeuroSpa Clinic.



Post-COVID cognitive symptoms — EARLY

An area of genuine research interest with, so far, small studies and early reviews rather than replicated randomized evidence. Anyone offered this should understand they are choosing an experimental application, and should ask what outcome will be measured and when the clinician would conclude it is not working.

Regulatory status	Not FDA-cleared. Investigational in practice.
Coverage	Not covered.
In this region	Advertised by NeuroSpa Clinic.

Scope note: what the main directory covers

The directory in this guide covers clinics delivering established clinical TMS — conventional clinical rTMS, iTBS/theta-burst and Deep TMS — at **supra-threshold** intensities, meaning above an individual's motor threshold, under clinical supervision, in a multi-session course. FDA-cleared depression protocols typically stimulate at around 120% of motor threshold.

The directory does not treat low-field devices, sub-threshold protocols, or proprietary "magnetic wellness" treatments as equivalent to established clinical rTMS, iTBS or Deep TMS unless there is adequate public evidence supporting the specific claims being made. Delivered intensity is the line that matters here, not the price of the hardware: a protocol run below motor threshold is a different intervention from one run above it, whatever machine produces it. This is a scope decision about comparability, not a judgment that such treatments are worthless or that patients who use them are mistaken. Devices that deliver a small fraction of the magnetic field strength of clinical TMS systems, or that are marketed for broad "wellness" outcomes rather than specific diagnoses, are answering a different question than the clinics listed here, and placing them in the same comparison table would imply an equivalence the published evidence does not support.

Two treatments in this region sit near that boundary, and we handle them differently:

- **A device marketed for mental wellness at a Las Cruces medical spa.** The EXOMIND system (BTL), offered at Valor Wellness & Longevity Clinic in Las Cruces, is described by the manufacturer as using "ExoTMS" technology and holds a 510(k) clearance for depression. The 510(k) pathway establishes substantial equivalence to an existing device; it is not a demonstration of efficacy for new uses. In April 2026 the Clinical TMS Society issued a *Statement of Clarification: Exomind in Vogue and Other Media Sources* in the journal *Transcranial Magnetic Stimulation*, noting that promotional claims extending to conditions such as brain fog, perimenopausal symptoms and binge eating were not supported by peer-reviewed efficacy publications. We keep it out of the comparison tables because its marketed indications and session structure are not comparable to a clinical TMS course.
- **A sub-threshold proprietary protocol.** MeRT (Magnetic e-Resonance Therapy), offered in Ciudad Juárez by Neurocoaching Wellness Center under the Brain Treatment Center / Wave Neuroscience network, runs on conventional rTMS hardware but delivers it under a proprietary qEEG-derived protocol at an intensity *below* motor threshold. A published MRT protocol set magnetic output at 80% of the individual's motor threshold, against the 120% typical of FDA-cleared depression protocols, with the authors noting that sub-threshold stimulation "will not trigger the neuronal firing." Whatever its merits, that is a different intervention from the supra-threshold courses this directory compares. The protocol also holds no FDA clearance as such and rests on a smaller peer-reviewed literature than standard rTMS. Neurocoaching does not publish its own parameters.

For any magnetic stimulation treatment sold for wellness rather than for a diagnosis, ask two things:

1. What intensity it delivers relative to motor threshold?
2. What published evidence supports the specific claim being made to you?

Provider directory

Grouped by city; within each city, listed **alphabetically by clinic name**. **Position in this list carries no meaning** — it is not a ranking. Google ratings appear with their review counts, alongside a volume-adjusted figure explained in *How this guide was built*. Fields marked "Not publicly listed" could not be verified from a public source in September 2026.

El Paso, Texas

El Paso has the region's deepest TMS market: multiple independent clinics, several device platforms, an academic program at Texas Tech Health El Paso, and a cluster of practices oriented toward the Fort Bliss military community. Insurance participation is broadest here, and it is generally strongest for adult depression after documented failed medication trials.

AAPsychiatry / TMS El Paso — Alfredo H. Arellano, PMHCNS-BC, PA

4.0 ★ (74) · adjusted 4.11

1122 Montana Ave. · 2204 Joe Battle Blvd., Suite 207-D · 1611 Beech St., Suite D, El Paso, TX · (915) 307-5796 / (915) 455-4125 · aapsychiatry.com

Years offering TMS	Not publicly listed; Research indicates 7 years
Device / platform	CloudTMS — the platform is Neurosoft's Neuro-MS/D sold under the CloudTMS name. The practice website states four units across its three clinics; the practice reports a fifth now in service.
TMS type & protocol	rTMS, high-frequency excitatory protocol to the left dorsolateral prefrontal cortex; standard course described as 19 minutes daily, 36 sessions over 8 weeks
Indications offered	FDA-cleared: depression, OCD. Described by the practice as off-label or research use: PTSD, addictions, bipolar depression, cognitive disorders, ADD/ADHD, autism spectrum disorder. The practice distinguishes these categories on its own site.
Evidence for those uses	Depression and OCD are cleared. The practice separately labels PTSD, addictions, bipolar depression, cognitive disorders, ADHD and autism as off-label or research use — a distinction few clinics in this guide publish.
Psychotherapy / cognitive rehab	Psychotherapy / counseling is listed as an available service; the site does not describe a protocol combining it with TMS sessions.
Targeting method	Neural navigation for coil placement plus EEG brain mapping; the practice states it is the only El Paso clinic using both together.
Clinician oversight	Alfredo H. Arellano, PMHCNS-BC, PA — psychiatric mental health clinical nurse specialist, board certified.
Insurance / self-pay	BCBS, TRICARE, Cigna, VA and Aetna listed; prior medication trials typically required (2–4 failed antidepressants). Self-pay available.
Published prices	Not publicly listed; Research indicates \$200 per session — did not verify prices on initial appointment or on initial TMS mapping session (NeuroNavigation & Motor threshold session).
Bilingual availability	English and Spanish — reported to us; the practice's website does not state service languages.
Location & access notes	Three locations — Montana (central), Joe Battle (far east), Beech St. (east-central). Rating shown is for the Montana clinic; Joe Battle 5.0 (1), Beech 2.6 (8).

Sources: <https://aapsychiatry.com/tms-el-paso/> <https://aapsychiatry.com/tms-depression-anxiety-el-paso/>

ANESC — Advanced Neurology, Epilepsy and Sleep Center

4.6 ★ (401) · adjusted 4.59

7100 Westwind Dr. #300 · 1701 Lee Trevino Dr. · 9565 Dyer St., El Paso, TX · (915) 974-2200 · anesc.net

Years offering TMS	Not publicly listed
Device / platform	Not publicly listed
TMS type & protocol	Not publicly specified
Indications offered	TMS listed among treatment options; depression referenced in patient testimonial. Full TMS indication list not published.

Evidence for those uses	Only depression is publicly identified among its TMS uses, so the evidence position of the wider TMS practice cannot be assessed from public sources.
Psychotherapy / cognitive rehab	Not publicly listed. Practice is neurology-based (epilepsy, sleep medicine, headache).
Targeting method	Not publicly listed
Clinician oversight	Dr. Aamr Arif Herekar — board certified in neurology, epilepsy and sleep medicine; nurse practitioners on staff.
Insurance / self-pay	Not publicly listed
Published prices	Not publicly listed
Bilingual availability	Not publicly stated
Location & access notes	Three El Paso sites (Westside, East, Northeast). Mon–Thu 8am–5pm, Fri 8am–1pm. Rating shown is for the Westwind Dr. location; Lee Trevino 4.4 (196), Dyer St. 4.5 (103).

Sources: <https://anesc.net/> <https://tmstherapynearme.com/tms-clinics/texas/el-paso/advanced-neurology-epilepsy-and-sleep-center/>

Atlantis Behavioral Health Services

2.3 ★ (138) · adjusted 2.63

6028 Surety Dr. · 1219 Barranca Dr., El Paso, TX · 10923 N. Loop Dr., Socorro, TX · (915) 544-3500 · atlantisbehavioralhealth.com

Years offering TMS	Not publicly listed
Device / platform	Not publicly listed
TMS type & protocol	Not publicly specified
Indications offered	Major depressive disorder, particularly in patients who have not responded to antidepressants.
Evidence for those uses	Depression only — the strongest-evidence indication.
Psychotherapy / cognitive rehab	Not publicly listed as integrated with TMS; the practice offers broader behavioral-health services.
Targeting method	Not publicly listed
Clinician oversight	Clinician roster published on the practice site; TMS-specific supervision not detailed.
Insurance / self-pay	TRICARE, Aetna, BCBS, Cigna, OnTrack, Ambetter, Amerigroup of Texas, UHC; private pay available.
Published prices	Not publicly listed
Bilingual availability	Not publicly stated
Location & access notes	Three sites including one in Socorro, serving the Lower Valley. Rating shown is for the Barranca Dr. location.

Sources: <https://atlantisbehavioralhealth.com/tms/>

Freedom Behavioral Health Solutions

4.6 ★ (21) · adjusted 4.50*

6601 Montana Ave., Suite J, El Paso, TX 79925 · (915) 228-4004 / (915) 249-6227 · freedombhs.com

Years offering TMS	Not publicly listed
Device / platform	Not publicly listed
TMS type & protocol	Deep TMS referenced in published patient material; coil type not confirmed on the site
Indications offered	Depression, anxiety and other mental-health conditions.
Evidence for those uses	Depression is the cleared indication; anxiety treated as a primary target is off-label and sits in the moderate tier.
Psychotherapy / cognitive rehab	Not publicly listed as integrated with TMS.
Targeting method	Not publicly listed

Clinician oversight	Dr. David Wichman, board-certified psychiatrist, Chief Medical Officer — provides clinical supervision (stated as not accepting new patients directly).
Insurance / self-pay	States that all major payers cover TMS for depression; carrier list shown as logos only.
Published prices	Not publicly listed
Bilingual availability	Not publicly stated
Location & access notes	East-central El Paso on Montana Ave. Mon–Thu 8am–6pm, Fri 8am–12pm. Practice states a focus on the Fort Bliss and El Paso military community.

Sources: <https://freedombhs.4tms.com/>

Haracec Complete Healthcare

4.9 ★ (163) · adjusted 4.84

1700 Curie Dr., Suite 2100, El Paso, TX 79902 · 3030 Joe Battle Blvd., El Paso, TX 79938 · (915) 200-1144 · haracechealth.com

Years offering TMS	Not publicly listed
Device / platform	Multiple platforms listed: Magstim, CloudTMS, NeuroStar, and BrainsWay (Deep TMS)
TMS type & protocol	Figure-8 coil rTMS and Deep TMS (H-coil)
Indications offered	Depression, anxiety, PTSD, OCD, smoking addiction; a separate TMS program for autism is advertised. Regulatory status varies by indication — see the evidence tiers in “Conditions treated”.
Evidence for those uses	Spans the full range: FDA-cleared depression, OCD and smoking cessation; evidence-supported PTSD; and a separate autism program, which sits in the preliminary tier.
Psychotherapy / cognitive rehab	Yes — individual, family and couples therapy plus parent education are offered alongside treatment.
Targeting method	Not publicly listed
Clinician oversight	Physician-led practice (Dr. Haracec referenced in public reviews); individual clinician credentials not detailed on the TMS page.
Insurance / self-pay	Not publicly listed on the TMS page.
Published prices	Not publicly listed
Bilingual availability	Not publicly stated
Location & access notes	Two locations — Westside medical district (Curie Dr.) and Far East El Paso (Joe Battle). Mon–Fri 8am–5pm. Online booking.

Sources: <https://haracechealth.com/tms-treatment/>

Katie's Way Plus — El Paso

4.6 ★ (23) · adjusted 4.51*

4712 Woodrow Bean Transmountain Dr., Suite A, El Paso, TX 79924 · (915) 751-1133 · katieswaytms.com

Years offering TMS	Not publicly listed
Device / platform	BrainsWay Deep TMS
TMS type & protocol	Deep TMS (H-coil)
Indications offered	Major depressive disorder and PTSD. Note: BrainsWay Deep TMS holds FDA clearance for MDD (including anxious depression), OCD, smoking cessation and adolescent MDD; PTSD is not among its cleared indications, so
Evidence for those uses	PTSD treatment is off-label. See page 6. FDA-cleared depression, plus PTSD — off-label, as BrainsWay's clearances do not include.
Psychotherapy / cognitive rehab	Not publicly listed as integrated with TMS.
Targeting method	Not publicly listed
Clinician oversight	Dr. Brian Earthman (physician); practice manager, TMS technician and practice liaison named on site.

Insurance / self-pay	TRICARE only at the time of review. No other carriers listed.
Published prices	Not publicly listed — discussed at the initial evaluation.
Bilingual availability	Not publicly stated
Location & access notes	Northeast El Paso, Castner Center off Transmountain / US-54. Practice states a focus on Fort Bliss service members and their families.

Sources: <https://www.katieswaytms.com/locations/el-paso-texas/> <https://www.brainsway.com/location/katies-way-el-paso-tx/>

La Mente Behavioral Health

4.4 ★ (243) · adjusted 4.40

6600 Montana Ave., Suite P · 1030 N. Zaragoza Rd., Suite Y, El Paso, TX · (915) 201-0199 · lamentehealth.com

Years offering TMS	Not publicly listed
Device / platform	Not publicly listed
TMS type & protocol	Not publicly specified
Indications offered	Depression, anxiety, PTSD and other mental-health concerns. Regulatory status varies by indication — see “Conditions treated”.
Evidence for those uses	Depression is cleared; anxiety and PTSD are off-label, with PTSD the better supported of the two.
Psychotherapy / cognitive rehab	Practice offers therapy alongside psychiatric services; the TMS page presents TMS as an option when other treatments have not worked rather than describing a combined protocol.
Targeting method	Not publicly listed
Clinician oversight	Dr. Hector Guillen referenced in public reviews; TMS technician on staff. Full clinician roster on the practice site.
Insurance / self-pay	Not publicly listed on the TMS page.
Published prices	Not publicly listed
Bilingual availability	Not publicly stated for TMS specifically; the practice name and community materials are Spanish-language.
Location & access notes	Two locations — Montana Ave. (central-east) and Zaragoza Rd. (far east). Rating shown is for the Montana location; Zaragoza 4.1 (115).

Sources: <https://lamentehealth.com/tms/>

MindBliss Psychiatry

No public rating

1201 E. Schuster Ave., Suite 1A, El Paso, TX 79902 · (915) 505-9713 · mindblisspsychiatry.com

Years offering TMS	Listed in a TMS directory as established 2026 (directory claim, not verified by the clinic)
Device / platform	A directory listing names a “Brain Ultimate” TMS device; the clinic’s own OCD page refers to a Deep TMS system without naming a manufacturer. Treat as not confirmed.
TMS type & protocol	OCD-specific TMS protocol described, including optional brief symptom provocation immediately before stimulation
Indications offered	OCD and depression in adults.
Evidence for those uses	OCD and depression, both FDA-cleared indications in adults.
Psychotherapy / cognitive rehab	Not publicly listed as integrated with TMS.
Targeting method	Not publicly listed
Clinician oversight	Psychiatric practice; a directory listing names Dr. Justin Hartmann. Clinic pages refer to a “psychiatric provider” without naming individuals.
Insurance / self-pay	States coverage varies by insurer and plan; assists with benefits verification and prior authorization. Cash payment available.
Published prices	Not publicly listed

Bilingual availability	Not publicly stated
Location & access notes	Central El Paso near the medical center. No public Google rating at the verification date — a new listing, not a negative signal.

Sources: <https://www.mindblisspsychiatry.com/tms-for-ocd-el-paso-texas> <https://www.tmsclinicnearme.com/united-states/tx/el-paso/tms-therapy-clinic/mindbliss-psychiatry>

TeleMind — El Paso

4.6 ★ (97) · adjusted 4.56

1401 Montana Ave., Suite B-9, El Paso, TX 79902 · (800) 950-0026 · telemind.com

Years offering TMS	Not publicly listed
Device / platform	Not publicly listed
TMS type & protocol	Standard rTMS to the prefrontal cortex (specific protocol not published)
Indications offered	TMS offered for adults with treatment-resistant depression. Practice also treats ADHD, anxiety, bipolar disorder, OCD, PTSD, psychosis and schizophrenia by other means.
Evidence for those uses	Depression only — the strongest-evidence indication. Other conditions the practice treats are addressed by means other than TMS.
Psychotherapy / cognitive rehab	Therapy and medication management offered within the practice; integration with the TMS course is not described publicly.
Targeting method	Not publicly listed
Clinician oversight	Multi-site group practice; El Paso clinician roster not published on the TMS page.
Insurance / self-pay	Most major commercial plans (BCBS, UnitedHealthcare, Cigna, Anthem), Medicare and TRICARE; self-pay options stated.
Published prices	Not publicly listed
Bilingual availability	English and Spanish
Location & access notes	Central El Paso on Montana Ave. Telehealth available for non-TMS services.

Sources: <https://recovery.com/outpatient/telemind-el-paso-texas/> <https://tms.telemind.com/>

Texas Tech Health El Paso — Department of Psychiatry

No public rating

Texas Tech University Health Sciences Center El Paso, Paul L. Foster School of Medicine, El Paso, TX · (915) 215-5850 · ttuhscep.edu

Years offering TMS	Not publicly listed
Device / platform	NeuroStar Advanced Therapy
TMS type & protocol	rTMS; program describes ~3,000 pulses in approximately 37 minutes, five days per week for four to six weeks
Indications offered	Major depressive disorder in patients who did not benefit from initial antidepressant treatment. Program materials state the treatment has not been studied in patients under 22 or over 70 and note a seizure risk on the order of 0.1% per patient.
Evidence for those uses	Depression only, in an academic medical setting.
Psychotherapy / cognitive rehab	Not publicly listed as integrated with TMS; the department provides broader psychiatric care.
Targeting method	Program describes targeted stimulation of the mood-regulating region; motor-threshold procedure not detailed publicly.
Clinician oversight	Academic department — psychiatrists plus a dedicated TMS coordinator; physician prescription required.
Insurance / self-pay	States most health insurance covers TMS, with Medicare noted as an exception in program materials. Verify directly, as Medicare coverage policy for TMS has changed over time.
Published prices	Not publicly listed
Bilingual availability	Not publicly stated for the TMS program.

Location & access notes	Academic medical center setting. No separate Google Business listing for the TMS clinic was found, so no rating is shown; this is a listing artifact, not a quality signal.
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Sources: <https://ttuhscep.edu/som/psychiatry/tms-ketamine/tms.aspx> <https://neurostar.com/providers/texas-tech-university-el-paso-department-of-psychiatry/>

TMS Institute of El Paso — Dr. M. Guerrero

4.5 ★ (6) · adjusted 4.44*

2311 N. Mesa St., Suite C, El Paso, TX 79902 · (915) 271-8785

Years offering TMS	Not publicly listed
Device / platform	Not publicly listed
TMS type & protocol	Not publicly specified
Indications offered	Not publicly detailed; listed in TMS directories as a TMS clinic.
Evidence for those uses	Advertised uses are not publicly detailed, so no evidence assessment is possible from public sources.
Psychotherapy / cognitive rehab	Not publicly listed
Targeting method	Not publicly listed
Clinician oversight	Dr. M. Guerrero (practice named for the physician); credentials not published.
Insurance / self-pay	Not publicly listed
Published prices	Not publicly listed
Bilingual availability	Not publicly stated
Location & access notes	Kern Place / N. Mesa corridor, west-central El Paso. Its Google rating rests on six reviews, the smallest public review base in the El Paso section — weigh it accordingly.

Sources: <https://tmstherapynearme.com/tms-clinics/texas/el-paso/tms-institute-of-el-paso-dr-m-guerrero/>

TMS Services of West Texas

5.0 ★ (3) · adjusted 4.48*

1400 N. El Paso St., Suite A, El Paso, TX 79902 · (915) 533-5550 · tmsservicesofwesttexas.com

Years offering TMS	Not publicly listed
Device / platform	Not publicly listed
TMS type & protocol	Standard rTMS (device family and pulse protocol not specified publicly)
Indications offered	Primary focus on major depressive disorder / treatment-resistant depression. The affiliated psychiatric practice lists a broader range of behavioral-health conditions it treats overall; the site does not state which of these are treated with TMS.
Evidence for those uses	Depression only — the strongest-evidence indication. The affiliated psychiatric practice lists many other conditions but does not say which, if any, are treated with TMS.
Psychotherapy / cognitive rehab	Not publicly listed as integrated with TMS. The affiliated practice offers psychiatric care.
Targeting method	Not publicly listed
Clinician oversight	Oscar E. Perez, M.D., DLFAPA — board certified in psychiatry and neurology, licensed in Texas and New Mexico; site states 45 years in psychiatric practice. Team of psychiatric providers.
Insurance / self-pay	States coverage by most insurances; TRICARE recognized. Self-pay and financing available.
Published prices	Not publicly listed
Bilingual availability	Not publicly stated. (Dr. Perez is identified on the site as an APA Hispanic representative; this is not a stated service-language claim.)
Location & access notes	Central El Paso, near the medical center corridor. Single location.

Sources: <https://www.tmsservicesofwesttexas.com/>

Las Cruces, New Mexico

Las Cruces has a thin in-person TMS market. We identified one clinic with a verified local treatment site. Because a TMS course requires daily attendance for several weeks, patients in Doña Ana County frequently travel to El Paso (roughly 45–50 minutes via I-10) or to Albuquerque. Verify that a provider marketing to Las Cruces actually delivers treatment in Las Cruces before committing.

Sunrise Neuro Behavioral, LLC

5.0 ★ (3) · adjusted 4.48*

1155 S. Telshor Blvd., Suite 205, Las Cruces, NM 88011 · (575) 221-9299 · sunriseneurobehavioral.com

Years offering TMS	Not publicly listed
Device / platform	Not publicly listed
TMS type & protocol	Standard TMS and “Express TMS” are both referenced; Express TMS is the common commercial name for intermittent theta-burst stimulation (iTBS), a shorter session format. Coil and platform not specified.
Indications offered	Major depressive disorder, treatment-resistant depression, depression and anxiety.
Evidence for those uses	Depression is cleared; anxiety treated as a primary target is off-label and sits in the moderate tier.
Psychotherapy / cognitive rehab	Assessment includes previous and ongoing mental-health treatment; integrated psychotherapy is not described as part of the TMS course.
Targeting method	Not publicly listed
Clinician oversight	Dr. Robert Olsen, MD, FAPA, ABPN — attending physician. Roberto Padilla, PMHNP, RN, MSN — TMS provider. Diana Fancher, RN, MSN, MBA, DNP — administrator.
Insurance / self-pay	Accepts insurance; coverage stated as per medical necessity for FDA-cleared MDD. Carrier list not published.
Published prices	Not publicly listed
Bilingual availability	Not publicly stated
Location & access notes	Telshor Blvd. medical corridor, east Las Cruces. Mon–Fri 9am–5pm. Roughly 45–50 minutes from central El Paso via I-10.

Sources: <https://sunriseneurobehavioral.com/> <https://sunriseneurobehavioral.com/about-sunrise-neurobehavioral-tms/>

Vigor Health Services (NeuroStar TMS — Las Cruces service page)

Nopublicating · Local treatment site unverified

Listed clinic address: 8010 Mountain Rd. NE, Suite 300, Albuquerque, NM 87110. No separate Las Cruces street address or Google Business listing was found. · (505) 508-1060 · vigormentalhealth.com

Years offering TMS	Not publicly listed
Device / platform	NeuroStar Advanced Therapy
TMS type & protocol	rTMS; sessions described as 19–37 minutes, five days weekly for roughly 6–9 weeks
Indications offered	Major depressive disorder as the primary indication; the practice also lists anxiety, OCD, ADHD, bipolar disorder, PTSD, eating disorders, autism and psychosis among conditions treated, and states it serves ages 6 and up. NeuroStar's FDA clearances cover adults and adolescents aged 15–21 for MDD; other listed conditions and younger ages fall outside those clearances.
Evidence for those uses	Depression is cleared for adults and for ages 15–21. The practice also lists anxiety, OCD, ADHD, bipolar disorder, PTSD, eating disorders, autism and psychosis, and states it serves from age 6 — most of which falls outside any clearance, and much of it in the preliminary and early tiers.
Psychotherapy / cognitive rehab	Not publicly listed
Targeting method	Not publicly listed
Clinician oversight	Clinicians not named on the Las Cruces service page.
Insurance / self-pay	Lists most major plans including Aetna, Cigna, BCBS, Medicaid, Medicare, TRICARE and UnitedHealthcare (15 carriers). Self-pay by card or cash.

Published prices	Not publicly listed
Bilingual availability	Not publicly stated
Location & access notes	This is a Las Cruces-targeted service page from an Albuquerque-based practice. We could not verify a physical Las Cruces treatment site. Because TMS requires daily in-person sessions, confirm where treatment would actually be delivered before committing to a course.

Sources: <https://vigormentalhealth.com/neurostar-tms-therapy-las-cruces/> <https://vigormentalhealth.com/>

Ciudad Juárez, Chihuahua

Juárez clinics operate on private pay under COFEPRIS regulation, with published per-session prices well below typical US self-pay rates. Publication practices differ from the US market: device models and clinician credentials are less often listed online.

Two further Juárez clinics advertise transcranial magnetic stimulation — Mens Sana Clinic and Neuromagnetic Clinic - “CreSer” — and are named in the scope note rather than listed here, on grounds set out there. Of the two clinics below, only NeuroSpa offers conventional supra-threshold traditional clinical rTMS; Neurocoaching delivers the MeRT protocol only.

- **Mens Sana Clinic** delivers TMS on an Actipulse system. Actipulse describes its own device as “LI-TMS”, low-intensity TMS; its site carries no FDA, COFEPRIS or CE claim, and the company announced an FDA pivotal trial in 2021. That places it in the low-intensity class described in *The machines, and how they differ*, outside what this directory compares.
- **Neuromagnetic Clinic** now known as **CreSer** delivers TMS on an Actipulse system. Actipulse describes its own device as “LI-TMS”, low-intensity TMS; its site carries no FDA approval. That places it in the low-intensity class described in *The machines, and how they differ*, outside what this directory compares.

We want to be exact about what that judgment is. It is a determination, resting on local professional knowledge rather than a citable public source — and this publisher competes with both clinics in the same city. Those two facts belong together, so we put them in the same paragraph; a reader who weighs it differently now knows everything we know. Either clinic can have this corrected. If one tells us what device it uses and at what intensity relative to motor threshold, and that places it within the scope above, it will appear in the directory in full in the next revision, on the same terms as every other provider. The same offer stands for any clinic that believes it has been mischaracterized here.

Neuro Spa Clinic

4.9 ★ (9) · adjusted 4.55*

Perú 899, Col. Hidalgo, Ciudad Juárez, Chih. 32300 · +52 656 824 9184 (WhatsApp) · neurospa.clinic

Years offering TMS	1 year (Provider has 6 years’ experience delivering TMS services at previous practice)
Device / platform	Neurosoft Neuro-MS/D high-power rTMS system, used with EEG mapping
TMS type & protocol	rTMS with EEG-guided protocol individualization; acute course described as 20–40 sessions, 2–5 times weekly, with a maintenance option of 1–4 sessions monthly.
Indications offered	Depression, treatment-resistant depression, bipolar depression, anxiety, panic disorder, OCD, PTSD, burnout and chronic stress, ADHD, autism spectrum conditions, cognitive decline and post-COVID cognitive symptoms. These span the full range of evidence strength in “Conditions treated”; in Mexico, medical devices are regulated by COFEPRIS rather than the FDA, so US clearance categories do not apply directly.
Evidence for those uses	The clinic advertises indications spanning the guide’s full evidence spectrum. PTSD and most substance-use applications cognitive applications are evidence-supported but off-label, while autism spectrum conditions and post-COVID cognitive symptoms remain preliminary or early-stage.
Psychotherapy / cognitive rehab	Yes — this is the clinic’s core model. Concurrent components may include psychotherapy, cognitive training, mindfulness, EMDR, art therapy, music-based entrainment, transcutaneous auricular vagus nerve stimulation and red-light therapy. Follow-on components may include EEG and fNIRS neurofeedback, EEG-guided meditation and VR-assisted therapy. Components are selected per clinical profile, not applied uniformly.
Targeting method	Motor-threshold determination at the first session, plus qEEG brain mapping used to inform target and intensity; symptom monitoring by structured online forms during the course.
Clinician oversight	Verónica Portillo Reyes, PhD — clinical psychologist specializing in neuropsychology, child psychology & neuromodulation; 20 years as a professor-researcher; formal neuromodulation training through Neurosoft and UNAM-NeuroRehab. John W. Capps, PhD — psychologist specializing in neuropsychological evaluation and clinical neuroscience; doctoral work at UTEP on TMS response trajectories; published and presented work in neuropsychology and clinical TMS; formal neuromodulation training through Neurosoft. Both are doctoral-level psychologists specializing in neuromodulation and neuropsychology.
Insurance / self-pay	Self-pay only. No insurance billing, no contracts.
Published prices	Published: initial clinical evaluation US\$60 (~MX\$1,000); TMS session US\$100 (~MX\$1,800). A qEEG brain map and symptom profile are included free of charge when a patient begins treatment. Prices as published at the verification date and subject to change and exchange rate.
Bilingual availability	English and Spanish
Location & access notes	Col. Hidalgo, roughly 3 minutes from the Puente Libre. Mon–Fri 9am–5pm, Sat 9am–2pm. Serves ages 5 and up. Online booking. See “Crossing the border for treatment” for planning considerations.

Sources: <https://neurospa.clinic/> <https://neurospa.clinic/servicios/tratamientos-y-terapias/tms-ciudad-juarez-tratamiento-emt/>

Neurocoaching Wellness Center (Brain Treatment Center Juárez)

4.1 ★ (18) · adjusted 4.29* · MeRT only —sub-threshold,no FDA clearance

Av. de los Insurgentes 4821, Col. El Colegio, C.P. 32340, Ciudad Juárez, Chih. · +52 656 781 9306 · neurocoachingclinic.com

Years offering TMS	Not publicly listed
Device / platform	Not publicly listed. See “The machines, and how they differ” for where MeRT sits among the systems used in this region.
TMS type & protocol	MeRT (Magnetic e-Resonance Therapy) only — a proprietary qEEG-derived protocol licensed through the Brain Treatment Center / Wave Neuroscience network. It runs on conventional rTMS hardware but at sub-threshold intensity: a published MRT protocol set output at 80% of the patient's motor threshold, against the ~120% typical of FDA-cleared depression protocols. The protocol holds no FDA clearance as such and rests on a smaller peer-reviewed literature than standard rTMS. This describes evidence volume and regulatory status, not whether individual patients benefit.
Indications offered	Learning difficulties, ADHD, autism, anxiety, depression, eating disorders and chemical dependency; the network's materials also reference PTSD, TBI and sports recovery.
Evidence for those uses	Every use listed here is delivered through the MeRT protocol, which holds no FDA clearance and sits outside the evidence base built on clinical rTMS. Learning difficulties, ADHD, autism and eating disorders are in the preliminary and early tiers on their own; the proprietary sub-threshold protocol is a further step away from the trials those tiers rest on.
Psychotherapy / cognitive rehab	Neurofeedback and auditory sensory stimulation are offered alongside stimulation; psychotherapy integration is not described.
Targeting method	Quantitative EEG (qEEG) used to derive individualized stimulation parameters — the defining feature of the MeRT protocol.
Clinician oversight	Liliana Romero - Licenciada en Psicología
Insurance / self-pay	Private pay (Mexico). Not published.
Published prices	Not publicly listed; Researched via contact - \$8,000 USD for a course of 30 sessions
Bilingual availability	Spanish (site is Spanish-language); English availability not stated
Location & access notes	Av. de los Insurgentes, central Juárez. Mon–Fri from 9am.

Sources: <https://braintreatmentcenter.com/location/mexico/juarez> <https://neurocoachingclinic.com/>

TMS with psychotherapy and cognitive rehabilitation

Most TMS in this region is delivered as a standalone procedure: the patient arrives, receives stimulation, and leaves. A smaller number of clinics pair the stimulation course with structured psychological or cognitive treatment. The distinction is worth understanding before choosing, because the two models ask different things of you and cost differently.

The rationale, and the state of the evidence

The argument for combining is mechanistic. TMS is understood to modulate plasticity in targeted circuits; what the brain is doing during and after stimulation plausibly shapes what that plasticity consolidates. The same logic underlies pairing stimulation with task practice in stroke rehabilitation, where rTMS combined with motor or speech therapy has the strongest supporting evidence of any combined application, and where guideline bodies have assigned recommendation levels to specific protocols.

In psychiatry the picture is less settled. Trials combining rTMS with cognitive behavioral therapy, with cognitive training, or with symptom provocation before stimulation have produced encouraging results, and OCD protocols cleared by the FDA explicitly incorporate a brief individualized provocation immediately before stimulation — regulatory recognition that psychological state at the moment of stimulation is part of the treatment. But head-to-head evidence that adding psychotherapy to a depression rTMS course improves outcomes over rTMS alone is still limited, with heterogeneous protocols and small samples. **Combined care is a reasonable, mechanistically motivated model.**

There is also a plainer, less contested argument: a patient in the middle of a six-week daily treatment course is in weekly contact with a clinical team anyway. Using that contact for structured psychological work, symptom monitoring and relapse planning is good clinical practice regardless of whether it potentiates the stimulation.

What to look for

If integrated care matters to you, the useful questions are specific. Is the therapy delivered by the same team, with a shared treatment plan, or simply referred? Is it scheduled around the stimulation sessions? Is symptom change measured on standardized instruments, and are those results shared with you? Is the cognitive work targeted at the same domain as the stimulation, or generic brain-training software? Is the combined package priced as one plan?

NeuroSpa Clinic's integrated model

It is included because integrated delivery is the subject of this section, not as a recommendation. Treat it as a provider's description of its own model, and evaluate it with the same questions above that you would apply to any clinic.

NeuroSpa delivers rTMS on a Neurosoft Neuro-MS/D system with the stimulation course built around, rather than separate from, other components. Motor threshold is determined at the first session and qEEG brain mapping is used to inform target and intensity selection. Depending on the clinical profile, sessions may combine stimulation with psychotherapy, cognitive training, mindfulness, EMDR, art therapy, music-based entrainment, transcutaneous auricular vagus nerve stimulation or red-light therapy; neurofeedback (EEG and fNIRS), EEG-guided meditation and VR-assisted work may follow the acute course. Symptoms are tracked on structured instruments through the course. Care is delivered in Spanish and English, for ages 5 and up, on self-pay only — published as US\$60 for the initial evaluation and US\$100 per session, with a qEEG brain map and symptom profile included on starting treatment.

Questions to ask any TMS provider

These are the questions that most often change a decision. They apply to every clinic in this guide, including the publisher. A strong clinic should be able to answer them clearly, specifically, and without pressuring you. When possible, ask for the answers in writing.

1. What device will you use, and what exactly is it FDA-cleared or authorized to treat?

Ask for the manufacturer, model, coil type, and — if available — the FDA clearance or authorization number. Then ask whether the treatment proposed for you matches the device's labeled condition, patient population, stimulation target, and protocol. FDA clearance applies to a particular device and defined use — not to "TMS" in general or to every service a clinic offers. You can verify a device through the FDA's 510(k) database.

2. Is the treatment proposed for me FDA-cleared for this use, off-label but supported by clinical trials, or investigational?

Ask the clinic to choose one of those categories and explain why. If the treatment is off-label, ask what peer-reviewed evidence supports using this device, coil, target, and protocol for someone with your condition. Off-label use is not automatically inappropriate, but it does mean the FDA has not specifically evaluated that use. If the treatment is described as investigational, ask whether it is part of a registered clinical trial, whether an institutional review board has reviewed it, and what additional consent or monitoring applies.

3. How will you determine my motor threshold, treatment target, and stimulation intensity?

Ask how the clinic finds your motor threshold, how it locates the stimulation site, and whether targeting is based on scalp measurements, anatomy, imaging, neuronavigation, or another method.

Then ask:

- What protocol will be used?
- What intensity will be delivered as a percentage of my motor threshold?
- How many pulses will I receive per session?
- How and when will my motor threshold be checked again?
- What would cause you to change the target, intensity, or protocol?

Motor-threshold measurement, repeatable coil positioning, and accurate documentation are central parts of TMS dosing and treatment delivery. FDA guidance specifically addresses motor threshold, coil position, treatment parameters, operator training, and patient monitoring.

4. Who is medically responsible for screening me and deciding whether TMS is appropriate?

Ask for the name and credentials of the clinician who will review your history and remain medically responsible during the course.

Screening should address relevant factors such as:

- A seizure or epilepsy history
- Implanted metal, electrodes, stimulators, cochlear implants, or other devices
- Previous stroke, brain injury, brain surgery, or other neurological conditions
- Medications or medication changes that may affect seizure threshold
- Pregnancy or possible pregnancy
- Prior reactions to TMS
- Changes in symptoms, including worsening mood or suicidal thoughts
-

Also ask whether screening is repeated when your health or medications change, and whom you should contact between sessions if a concern develops.

5. Who will be present during my sessions, and what training and supervision do they have?

Ask whether sessions are delivered by a physician, nurse, technician, or another staff member. Find out who trained that person, how competency is assessed, and which licensed clinician is available if a medical question or adverse event occurs.

Ask who is authorized to change your treatment settings and what the clinic's emergency procedures are. The person operating the device should also be able to explain what will be monitored during each session and when treatment would be paused.

6. How many sessions are you recommending, how often will they occur, and what happens if I respond early — or do not respond?

Request a written treatment plan showing:

- Number and frequency of sessions and total duration of the acute course
- Planned decision points for reviewing progress
- Criteria for continuing, modifying, extending, tapering, or stopping treatment

Ask whether the quoted course is standard for the proposed protocol or individualized for you. A clinic should be able to explain what evidence or clinical findings would justify adding sessions or changing the plan.

7. How will you measure whether the treatment is working?

Ask which standardized, condition-appropriate instrument will be used, when it will be administered, and whether you will receive your scores. For example, clinics may use depression-specific measures for depression or an OCD-specific measure for OCD.

Clarify:

- o What is my baseline score?
- o How often will the measure be repeated?
- o What counts as meaningful improvement, response, or remission?
- o Who reviews the results?
- o How will worsening symptoms be detected and handled?
- o Will treatment decisions be documented and discussed with me?

Current consensus recommendations support using rating scales during treatment to identify improvement, nonresponse, or worsening early—not relying only on a general impression at the end of the course.

8. What is the complete cost—not just the advertised per-session price?

Ask for an itemized estimate that includes:

- o Initial evaluation and medical screening
- o Mapping or motor-threshold determination
- o Cost per session
- o Expected cost of the full acute course
- o Additional sessions, tapering, and maintenance
- o Follow-up appointments
- o Missed-session or cancellation fees
- o Any charges for imaging, neuronavigation, or special protocols

If insurance is involved, ask what documentation is required for prior authorization, whether every proposed session is covered, and whether authorization must be renewed. Ask what you could owe if the insurer denies or withdraws authorization after treatment has begun. Prior authorization is not necessarily a guarantee of payment.

9. What happens after the acute course ends?

Ask whether the clinic recommends tapering, maintenance treatment, symptom monitoring, medication management, psychotherapy, or another follow-up plan.

If maintenance TMS is proposed, ask:

- o What evidence supports the recommended schedule?
- o Is it individualized or sold as a standard package?
- o How will the clinic decide whether it is helping?
- o What happens if symptoms return?
- o What would re-treatment cost?
- o Does insurance typically cover the proposed maintenance plan?

The clinic should distinguish between an evidence-based recommendation, its customary practice, and an option for which evidence remains limited.

10. Can evaluation and treatment be delivered in the language in which I think and feel most naturally?

This matters for informed consent, symptom reporting, safety screening, rating scales, and discussions about subtle changes in mood or thinking. Ask whether fluent clinical staff or qualified medical interpreters are available. If translated questionnaires are used, ask whether they are validated versions. A friend or family member should not automatically be treated as a substitute for confidential, qualified interpretation.

11. If a “wellness,” cognitive-enhancement, performance, or other nonstandard treatment is being proposed, what evidence supports the exact claim? Ask for published, peer-reviewed studies involving:

- The same condition or goal
- The same device and coil—or a scientifically justified equivalent
- The same brain target
- A comparable stimulation protocol
- A comparable intensity relative to motor threshold
- A meaningful comparison group
- Outcomes that matter to patients, not only laboratory or imaging changes
- Adequate reporting of adverse events and follow-up

Ask the clinic to separate evidence about TMS generally from evidence for its specific service. Testimonials, celebrity use, theoretical mechanisms, unpublished clinic data, or studies using a materially different device or dose do not establish that the proposed treatment works. Finally, ask whether the treatment is medical care, research, or a consumer wellness service; who is responsible if you experience an adverse effect; and whether the expected benefit, uncertainty, alternatives, and full cost will be documented in the consent process. A clinic does not need to promise certainty. In fact, acknowledging uncertainty can be a sign of careful practice. What matters is whether its answers are precise, evidence-based, consistent with the written consent and treatment plan, and specific to the treatment it is proposing for you.

Crossing the border for treatment

Cross-border care is routine in this region. For many self-pay patients, the price difference can be substantial — particularly when U.S. care involves high deductibles, narrow coverage criteria, prior authorization, session limits, or the possibility of a mid-course denial.

Paying directly also has a practical advantage: you know the price and treatment plan before beginning, without waiting for an insurer to decide whether, where, or for how long you may receive care. The tradeoff is logistical rather than financial: a multiweek course requires planning that a single consultation does not.

Repeated crossings must fit your schedule. A conventional course may require approximately 20–36 visits over four to nine weeks. Test the trip at the actual times you would travel and account for parking, the walk or drive to the clinic, and the return crossing. For patients with SENTRI, the burden may be considerably smaller, although wait times can still vary. Every traveler in a vehicle using a SENTRI lane must generally be enrolled and carry the appropriate card. Current crossing conditions can be checked through CBP Border Wait Times.

Prepare the correct travel documents before treatment begins. U.S. citizens returning by land generally need a WHTI-compliant document, such as a passport book, passport card, or SENTRI card. An ordinary Texas driver's license should not be treated as a substitute. Confirm the requirements that apply to your citizenship and travel status before committing to a course. Outpatient treatment does not create a special border category, but an avoidable document problem can disrupt a tightly scheduled treatment plan. See CBP document guidance.

Self-pay can remove much of the insurance friction. Many U.S. health plans do not cover routine outpatient treatment received in Mexico, so assume the course will be self-pay unless your insurer confirms otherwise in writing. For some patients, this is part of the appeal: there may be no prior authorization, restricted provider network, insurer-mandated eligibility sequence, or uncertainty about authorization being withdrawn before the course is finished. Ask the clinic for a written, all-inclusive quote covering the evaluation, mapping, full course, additional sessions, tapering, maintenance, and taxes or fees.

Compare total cost, not only the session price. Include fuel, tolls, parking, meals, lodging if needed, time away from work, and the value of repeated travel. Even after these expenses, the cross-border option may remain substantially less expensive. A written total makes the comparison with U.S. deductibles, coinsurance, uncovered sessions, and maintenance costs much more meaningful.

Make records portable from the beginning. Ask the clinic to provide your evaluation, treatment protocol, motor-threshold measurements, stimulation target and intensity, symptom scores, session record, medication changes, and any EEG or other test data in a format a U.S. clinician can use. Confirm whether the records can be supplied in English or bilingually and whether the clinic will communicate directly with your clinician — with your permission — if a question arises.

Plan for continuity, not just the acute course. Before starting, decide who will monitor medications, symptoms, relapse risk, and follow-up care at home. Ask the Mexican clinic what happens if you respond early, miss several sessions, experience an adverse effect, or need maintenance or re-treatment after the acute course.

Mexico has a different regulatory system — not an absence of regulation. Mexican clinics and medical devices fall under Mexican federal and state health regulation, including COFEPRIS oversight, rather than FDA jurisdiction. The standards, credentialing pathways, complaint processes, and available legal remedies are not identical to those in the United States. That difference is not, by itself, a reason to avoid care in Mexico. It is a reason to verify the clinic's responsible physician, professional credentials, facility authorization, device registration, safety procedures, and informed-consent process as carefully as you would for a U.S. clinic. See COFEPRIS information on medical-care establishments.

For patients who can manage the crossing, cross-border treatment may offer a simpler and more affordable path: a clearly priced course, fewer insurance-imposed limitations, and greater freedom to select a clinic and protocol. The key is to price the entire course, verify the provider and device, and solve the travel and follow-up plan before the first session.

Sources

Every provider entry carries its own sources. The sources below support the methodology, evidence-classification and scope sections. All URLs were accessed and verified in September 2026.

Regulatory — adolescent depression clearance (BrainsWay, November 2025) https://brainsway.com/news_events/brainsway-receives-fda-clearance-of-deep-tms-as-adjunct-therapy-for-major-depressive-disorder-mdd-in-adolescents-aged-15-to-21/

Regulatory — adolescent depression clearance (NeuroStar, March 2024) <https://globenewswire.com/news-release/2024/03/25/2851611/0/en/NeuroStar-Advanced-Therapy-Receives-FDA-Clearance-as-a-First-Line-Add-On-Treatment-for-Adolescents-with-Depression.html>

Regulatory — SAINT accelerated iTBS clearance (September 2022), Clinical TMS Society statement <https://clinicaltmssociety.org/ctmss-press-release-regarding-fda-clearance-of-saint-neuromodulation-system/>

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Scope — Clinical TMS Society, “Statement of Clarification: Exomind in Vogue and Other Media Sources,” Transcranial Magnetic Stimulation, April 2026 [https://tmsjournal.org/article/S3050-5291\(26\)00015-2/fulltext](https://tmsjournal.org/article/S3050-5291(26)00015-2/fulltext)

Scope — EXOMIND / ExoTMS manufacturer product information (BTL) <https://bodybybtl.com/solutions/exomind>

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Ratings and review counts — Google Maps business listings, retrieved September 2026 <https://google.com/maps>

TMS Research Studies — Google Scholar, retrieved September 2026 <https://scholar.google.com>

About this guide

This guide is published by the team at NeuroSpa Clinic, a TMS provider in Ciudad Juárez that is listed in it. It is not an independent ranking. Every factual claim about a provider comes from that provider's own public materials or a public listing, with the source printed beneath each entry; decisions about which clinics fall inside the directory's scope were made by us, and the reasoning for each is given in the scope note.

Not medical advice. This guide is general information for the public. It is not a medical opinion, a diagnosis, a treatment recommendation, or a substitute for evaluation by a qualified clinician. TMS carries risks, including a small seizure risk, and is contraindicated for some patients. Do not start, stop or change any treatment based on this document.

Inclusion and ordering. Inclusion is not an endorsement; entries are alphabetical and confer no rank; exclusion does not imply criticism.

Accuracy and currency. Information reflects public sources as of September 2026 and will go out of date. Provider descriptions of their own services are reported as the provider's claims. We have not audited any clinic's equipment, credentials, outcomes or billing practices.

Corrections and additions. If you are a provider and something here is wrong, incomplete, or has changed — or if you offer TMS in these cities and are not listed — write to us and we will correct the record in the next revision. Corrections are made regardless of whether a clinic is a competitor. Please contact: NeuroSpa Clinic · Perú 899-1, Col. Hidalgo, Ciudad Juárez, Chih. 32300 · +52 656 824 9184 · neurospa.clinic