



REQUEST FOR TRANSCRANIAL MAGNETIC STIMULATION (TMS)

General Instructions:

- Type or print neatly in the designated fields.
- Complete all fields.
- Write the numerical diagnosis code(s) from the DSM-5 or ICD-10.

Authorization is not required for:

- BCBS Alabama (Except Medicare and Southern Company group)
- BCBS Kansas (Except Medicare)
- BCBS Arkansas Federal Employee Program (FEP)

Return via fax to the appropriate fax number:

- Lucet Employee: 816-416-7788
If your client is covered as an employee of Lucet or a spouse or dependent of a Lucet employee, please return by fax to our Internal Behavior Health Benefit Review team.
- 816-237-2364
 - Medicare
 - BCBS Florida (Florida Blue)
 - BCBS Kansas City (Blue KC)
 - BCBS Louisiana
 - BCBS Arkansas (Except FEP)
 - Walmart
 - BCBS Alabama (Medicare and Southern Company group)
 - BCBS Kansas (Medicare)
 - SCAN

**For verification of benefits, eligibility, authorization requirements, and allowable codes, please call the customer service number listed on the member's insurance ID card.



TMS TREATMENT REQUEST FORM

Date of Request: _____

Patient's Information

Name: _____ Insurance Policy #: _____

Date of Birth: _____

Requesting Physician's Information

Name: _____ Phone #: _____

Address where services are being rendered: _____

Tax ID#: _____ NPI#: _____

Office Staff's Contact Information

Name: _____ Fax #: _____ Phone #: _____

TMS Information

Referring Physician's Name: _____

Referral Date: _____ TMS Start Date: _____

Primary Diagnosis: _____ Current Episode Duration (# months): _____

Other Diagnoses: _____

Antidepressant medication trials during this current depressive episode:

Must document at least two antidepressant trials.

Antidepressant only trials						
#	Antidepressant Name	Max Daily Dose	Start Date	End Date	Discontinued due to lack of efficacy or adverse reaction	Document % response or disabling ADR
1					<input type="checkbox"/> Efficacy <input type="checkbox"/> Adverse Reaction	
2					<input type="checkbox"/> Efficacy <input type="checkbox"/> Adverse Reaction	
3					<input type="checkbox"/> Efficacy <input type="checkbox"/> Adverse Reaction	

Maintenance and results: _____

Evidence-Based Psychotherapy Trials: (Type - DBT, CBT, ITP etc.)

Must document at least one full episode.

Type	Name of Clinician	Start Date	End Date	Results = % Response

Documentation of current levels of impairment (work, school, social, family, sleep, mood etc.):

Pre-Treatment Depression Rating Scales (May do more than one):

- PHQ-9 Score: _____ Date: _____
- BDI Score: _____ Date: _____
- MADRS Score: _____ Date: _____
- CGS Score: _____ Date: _____
- IDS-SR Score: _____ Date: _____
- IDS-C Score: _____ Date: _____

Other clinical information or comments:

For TMS request found to be medically necessary, the following CPT codes and units will include:

90867 – One unit per course of treatment.

90868 – 36 units per course of treatment.

90869 – Approval of one unit will be provided.

Medical policy information is available at Lucethealth.com under Medical Necessity Criteria.