



## 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: \_\_\_\_\_ Patient's Phone Number: \_\_\_\_\_

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.):

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**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:

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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](http://Lucethealth.com) under Medical Necessity Criteria.**