



## REQUEST FOR TRANSCRANIAL MAGNETIC STIMULATION (TMS)

### **General Instructions:**

- All Member information (Member's Name, Date of Birth, Insurance ID Number, Member's Phone Number) must be completed, or form will be returned.
- 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 Southern Company group)
- BCBS Arkansas Federal Employee Program (FEP)
- BCBS Kansas (Except Medicare)

### **Return via fax to the appropriate fax number:**

- 816-237-2364
  - BCBS Alabama (Southern Company group)
  - BCBS Arkansas (Except FEP)
  - BCBS Florida (Florida Blue)
  - BCBS Kansas (Medicare)
  - BCBS Kansas City (Blue KC)
  - BCBS Louisiana
  - Imperial
  - Medicare (Except BCBS Alabama and BCBS Kansas)
  - SCAN
  - Walmart

For Lucet Employees Only: 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.

- Lucet Employee: 816-416-7788

**\*\*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: \_\_\_\_\_

### Member's Information

Name: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

### 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 (Required to complete one or more.):**

- ☐ 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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☐ PLEASE CHECK THIS BOX TO ATTEST TO THE FACT THAT ALL OF THE INFORMATION PROVIDED IS ACCURATE AND REFLECTED IN THE PATIENT'S MEDICAL RECORD.

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](https://www.lucethealth.com) under Medical Necessity Criteria.**