

Commercial Plans:

Transcranial Magnetic Stimulation (rTMS) Request Form

Call **757-552-7174** or **1-800-648-8420** (option 2) to verify benefits

Date Submitted: _____ rTMS Start Date: _____

Please submit via the Provider Portal or fax completed rTMS authorization request form and one completed depression screening tool (listed in section 2) to Sentara Behavioral Health Services at **757-431-7763** or **1-844-723-2096**

Member Name: _____

DOB: _____ Member ID#: _____ Diagnosis Code(s): _____

Psychiatrist Information: MD or DO (Please check one)

Name: _____ State: _____ License#: _____

Sentara Provider ID: _____ Tax ID: _____ NPI: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

1. Individual age 18 years or older **Y** **N**
2. The prescribed treatment is repetitive transcranial magnetic stimulation (rTMS) protocol and **all** of the following:
 - Treatment parameters use either high frequency (HF-rTMS) or low frequency (LF-rTMS) rTMS, with frequencies of less than 1 Hz to 20 Hz. **Y** **N**
 - Treatment sessions are once daily or less frequently (i.e., taper over course of treatment). **Y** **N**
3. Does the individual have any of the following:
 - acute or chronic psychotic symptoms or disorder (e.g., schizophrenia, schizophreniform, or schizoaffective disorder) **Y** **N**
 - cochlear implant or deep brain stimulator **Y** **N**
 - metallic hardware or implanted magnetic-sensitive medical device (e.g., implanted cardioverter-defibrillator, pacemaker, metal aneurysm clips or coils) at a distance within the electromagnetic field of the discharging coil (e.g., less than or equal to 30 cm to the discharging coil) **Y** **N**

Clinical Indications for *Initial* Transcranial Magnetic Stimulation:

1. Individual diagnosed with major depressive disorder (severe) and need for treatment, as indicated by one or more of the following:
 - inadequate response to pharmacotherapy despite **all** of the following:
 - adequate duration and dosage **Y** **N**
 - documented adherence **Y** **N**
 - trials from two or more classes of medications **Y** **N**
 - inability to tolerate pharmacotherapy as evidenced by two trials of medications with documented side effects **Y** **N**

