

To verify benefits and eligibility, call (757)552-7174 or (800)648-8420 (option 2, then option 1)

Repetitive Transcranial Magnetic Stimulation (rTMS) Authorization Request

To request authorization fax the following to (757)552-7176:

- 1) Completed rTMS authorization request form
- 2) History and Physical (Psychiatric) and Progress notes
- 3) One completed depression screening tool (listed in section 3 below, Criteria to be met)

Date Submitted: _____

Member Information:

Member Name: _____ DOB: _____ Member ID#: _____
(Last) (First)

Diagnosis Code(s): _____

Psychiatrist Information (please check): MD or DO

Name: Last: _____ First: _____ State License#: _____

Optima Provider#: _____ or Tax ID# _____ or NPI# _____

Phone Number (_____) _____ Fax Number: (_____) _____

Criteria to be met:

- 1) Member is compliant with treatments for depression Y ___ N ___
- 2) Member meets DSM-IV TR criteria for unipolar major depression; Date diagnosed: _____
- 3) Member has moderate to severe depression validated using an evidence-based depression monitoring tool.
 Acceptable tools: PHQ-9 score greater than 9, HAM-D score greater than 13 or QIDS-SR score greater than 11.
 Submit one of the 3 aforementioned tools with the authorization request.
- 4) Documented member resistance to psychopharmacological agents demonstrated by:
 Minimum of 4 trials, Minimum duration of 6 weeks, 4 different antidepressants from 2 different classes in doses that fall within an expected therapeutic range

Medication Name	Maximum Dose	Duration	Date Last Prescribed	Prescribing Physician

Check CPT Codes Requested: Therapeutic repetitive transcranial magnetic stimulation treatment:

90867 Planning **90868** Delivery & Management **90869** Readjustment