

# Transcranial Magnetic Stimulation (TMS) Services Pre-Service Authorization Request Form

Submit with BH 50-1 TAR Form

- **Secure Link:** <https://gateway.cencalhealth.org/form/bh>
- **Fax:** 805-681-3070

*If you have questions or believe the member may meet criteria for moderate-to-severe level of care, please contact the Behavioral Health Provider Line at 805-562-1600.*

**Initial Request**     **Reauthorization**     **Urgent (72 hours)**     **Routine**     **Retroactive**

## PROVIDER INFORMATION

### Referring (Ordering) Provider

Name:

Specialty:

NPI:       TIN:

Address:

City:       State:       Zip Code:

Phone:       Fax:       Office Contact:

### Servicing Provider

Same as Referring (Ordering) Provider

Name:

Specialty:

NPI:       TIN:

Address:

City:       State:       Zip Code:

Phone:       Fax:       Office Contact:

## MEMBER INFORMATION

Last Name:       First Name:

Mailing Address:

City:       State:       Zip Code\*:

Medi-Cal ID\*:       Phone:

Birth Date\*:       Age (Must be 15 or older):

Name of PCP:       Location:

## TMS DIAGNOSIS

- F34.1 Dysthymic Disorder
- F60.5 Obsessive Compulsive Disorder
- Major Depressive Disorder (MDD)
  - F32.1 single episode, moderate
  - F32.2 single episode, severe without psychotic features
  - F32.3 single episode, severe with psychotic features
  - F32.4 single episode, in partial remission
  - F33.2 recurrent, severe without psychotic features

**Member is not eligible for TMS if any of the following apply:**

- Acute or chronic psychotic symptoms or disorders such as schizophrenia, schizophreniform, or schizoaffective disorder
- Metallic hardware or magnetically sensitive implants (pacemaker, ICD, metal aneurysm clips) within 30 cm of TMS coils
- Cochlear implant or deep brain stimulation device

## DEPRESSION SCREENING

Depression Scale Used	Initial Requests Baseline test score		Reauthorization Requests Current test score
<input type="radio"/> PHQ-9	Must be over 15		Must be >5
<input type="radio"/> Beck Depression Score	Must be over 30		Must be >10
<input type="radio"/> Hamilton Depression Rating Scale	Must be over 20		Must be >8
<input type="radio"/> Montgomery-Åsberg Depression Rating	Must be over 35		Must be >7
<input type="radio"/> Geriatric Depression Scale	Must be over 12		Must be >10

## APPROVAL CRITERIA

Initial Request	Reauthorization
<input type="radio"/> Member has tried ≥2 adequate antidepressant trials <b>or</b> had intolerance to ≥2 classes of antidepressants.	<input type="radio"/> Positive response (≥50% improvement, not in remission)
	<input type="radio"/> Recurrence after prior positive TMS response
<p><b>Continuation of service is <u>not</u> appropriate when:</b> Remission is achieved (PHQ-9 &lt;5, BDI &lt;10, HDRS &lt;8, MADRS &lt;7, GDS &lt;10 for ≥2 months); no clinical response after ~36 sessions; &gt;6 months of continuous treatment without remission; or new contraindications arise (e.g., psychosis, metallic implants within 30 cm, seizure risk factors).</p>	

*Continue to the next page for Treatment Plan.*

## TREATMENT PLAN

Treatment parameters use either HF-rTMS (<20 Hz) or LF-rTMS ( $\leq 1$  Hz), with no more than one session per day.

**Describe proposed treatment plan, including:**

Objectives, frequency, duration, tapering, and maintenance or discontinuation schedule.

*If indicated, CenCal Health will approve up to 8 weeks for the completion of the initial evaluation by a TMS provider using the code 90867 and up to 35 sessions of initial TMS therapy using codes 90868 and 90869.*

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