**REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION REQUEST FORM**

**Please type an “x” or type content as needed in the gray boxes only.**

***NOTE: Text boxes will not expand beyond the space available***

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|        | In Network |        | Out of Network |
| MEMBER NAME: |       | DOB: |       | GENDER: |       |
| HEALTH PLAN: |       | POLICY #: |       |
| Date and Time of Request: |       |
| Treating Clinician/Facility: |       |
| If the treating clinician is not making this request, has the treating clinician been notified? ☐ Yes ☐ No |       | Yes |       | No |
| Phone #:  |       | NPI/TIN#:  |       |
| Servicing Clinician/Facility:  |       |
| Phone #:  |       | NPI/TIN#:  |       |
| **INITIAL TREATMENT** |
| **1. Has a confirmed diagnosis of severe major depressive disorder (MDD) single or recurrent episode**  |
|       | F32.2 | Major Depressive Disorder, Single Episode, Severe (Without Psychotic Features) |       |
|        | F33.3 | Major Depressive Disorder, Recurrent Episode, Severe (Without Psychotic Features) |       |
| Pre-treatment rating scale: |       | GDS |       | PHQ-9 |       | BDI |       | HAM-D |       |  MADRS |       |  QIDS |       |  IDS-SR |
| ***AND*** |
| **2. One or more of the following:** |
|       | Resistance to treatment with psychopharmacologic agents as evidenced by a lack of a clinically significant response to **four adequate trials****of at least six weeks duration** of psychopharmacologic agents in the current depressive episode from at least two different agent classes as documented by standardized rating scales that reliably measure depressive symptoms (GDS, PHQ-9, BDI, HAM-D, MADRS, QIDS, or IDS-SR); or |
|       | Inability to tolerate psychopharmacologic agents as evidenced by **four trials** of psychopharmacologic agents from at least **two different agent classes (at least one of which is in the antidepressant class)**, with distinct side effects; or |
|       | History of response to rTMS in a previous depressive episode; or |
|       | Currently receiving electroconvulsive therapy (ECT); or  |
|       | Currently considering ECT; rTMS may be considered as a less invasive treatment option |
| *\*****Note for reference:*** *Remission is typically defined by the following measurement scores: Beck Depression Scale (BDI) score of <9, Hamilton Depression Rating Scale (HAM-D) score of <8 on the HAM-D-17 and <11 on the HAM-D-24, Montgomery-Asberg Depression Rating Scale (MADRS) score of**< 10, Patient Health Questionnaire (PHQ-9) score of < 5* |
| ***AND*** |
|       | **3. A trial of an *evidence-based psychotherapy* known to be effective in the treatment of MDD of an adequate frequency and duration****without significant improvement in depressive symptoms as documented by standardized rating scales that reliably measure depressive symptoms (GDS, PHQ-9, BDI, HAM-D, MADRS, QIDS or IDS-SR).** |
| ***AND*** |
|       | **4. An order written by a psychiatrist (MD or DO) who has examined the patient and reviewed the record. The physician will have****experience in administering TMS therapy. The treatment shall be given under direct supervision of this physician.** |

*(continued on next page)*

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| **Potential Contraindications (please select all applicable contraindications the patient has from the list below):** |
|       | Seizure disorder or any history of seizures (except those induced by ECT or isolated febrile seizures in infancy without subsequent treatment or recurrence) |
|       | Presence of acute or chronic psychotic symptoms or disorders in the current depressive episode |
|       | Neurological conditions that include epilepsy, cerebrovascular disease, dementia, increased intracranial pressure, history of repetitive or severehead trauma, or primary or secondary tumors in the central nervous system |
|       | Presence of an implanted magnetic-sensitive medical device located less than or equal to 30 cm from the TMS magnetic coil or other implanted metal items including but not limited to a cochlear implant, implanted cardiac defibrillator (ICD), pacemaker, vagus nerve stimulation (VNS), or metal aneurysm clips or coils, staples, or stents |
| ***Note:*** *Dental amalgam fillings are not affected by the magnetic field and are acceptable for use with TMS.* |
|       | Prior failed trial of an adequate course of treatment with ECT or vagus nerve stimulation (VNS) for Major Depressive Disorder |
| The patient is currently:  |       | pregnant or |       | nursing |
|        | The patient has a current suicide plan or recent suicide attempt |
| Current active history of (“x” for those that apply): |       | Eating Disorder |       | Psychotic Disorder, including Schizoaffective Disorder |
|       | Bipolar Disorder |
| History of (“x” for those that apply): |       | Substance Abuse |       | Obsessive Compulsive Disorder |       | Post-Traumatic Stress Disorder |
| **RETREATMENT** |
|       | **1. Patient met the guidelines for initial treatment AND meets guidelines currently.** |
| ***AND*** |
|       | **2. Subsequently developed relapse of depressive symptoms** |
| ***AND*** |
|        | **3. Responded to prior treatments as evidenced by a greater than 50% improvement in standard rating scale measurements for depressive symptoms (e.g., GDS, PHQ-9, BDI, HAM-D, MADRS, QIDS or IDS-SR scores).** |
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| Post-treatment rating scale: |       | GDS |       | PHQ-9 |       | BDI |       | HAM-D |       | MADRS |       | QIDS |       |  or IDS-SR |

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| Dates of initial treatment, if known: |       |
| **TREATMENT TYPE(S) REQUESTED** |
| **FDA-approved TMS device to be used for the following treatment:** |
|        | 90867 | THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT — INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, AND DELIVERY AND MANAGEMENT |       |
|        | 90868 | THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT — SUBSEQUENT DELIVERY AND MANAGEMENT, PER SESSION |       |
|        | 90869 | THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT — SUBSEQUENT MOTOR THRESHOLD REDETERMINATION WITH DELIVERY AND MANAGEMENT |       |

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