



Provider must call BCBSTX at 800-528-7264 to check the member's benefits. Print and fax the completed form to BCBSTX at 877-361-7646.

Request Submission Date: _____

Check One [] Initial Request [] Follow Up Request

Patient and Member Information Patient Name Patient Date of Birth Subscriber Name Subscriber ID Group

Provider Information (Individual and/or Group) Treating Provider/MD Name Professional Licensure Address City State Zip Email Address Contact Name Phone NPI Requested Service Dates CPT Code(s) - Number of Sessions: 90867 - ; 90868 -

Clinical Information: Date of depression onset Manufacturer of TMS equipment

1. Current ICD-10 Diagnosis Code DX Name Specifier
2. Trials of failed antidepressants (minimum of four) with its classification (i.e. SSRI, SNRI, TCA, MAOI, Other)
Medication Name Maximum Dose Class Med Trial Dates
3. Currently or previously in psychotherapy known to effectively treat major depressive disorder? (Please check all that apply)
[] Yes, currently Provider Name Professional Licensure Started
[] Yes, in past Provider Name Professional Licensure Dates
[] No. Reasons psychotherapy, such as Cognitive Behavioral Therapy, cannot be done:
4. National Standardized Rating Scales being administered weekly during treatment?
[] Yes Rating Scale being utilized
[] No Reason
5. Are any of the following conditions present?
[] Seizure disorder or any history of seizure disorder (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 (such as, schizophrenia or schizoaffective disorder)
[] Neurological conditions that include history of epilepsy, cerebrovascular disease, dementia, increased intracranial pressure, repetitive or severe head trauma, or primary or secondary tumors in the central nervous system
[] Excessive use of alcohol or illicit substances within the last 30 days
[] No response by patient to a prior course of rTMS treatments (defined as not achieving at least a 50% reduction in severity of scores for depression in a standardized rating scale, i.e. PHQ-9, by the end of acute phase treatment)
[] The patient has received a separate acute phase rTMS treatment in the past 6 months
[] None of the above are present.

Signature _____ Date _____

