

Transcranial Magnetic Stimulation (TMS) for Depression prior authorization form

Check if requesting on behalf of a Cigna-participating provider

Member information

Last name		First name	
Priority Health ID#		Date of birth	
Provider name		Provider Tax ID	
Contact		Provider phone	
Provider fax		Provider email	

For all TMS requests, clinical records must be faxed with this form – including a copy of current validated, evidence-based tool (i.e., HAM-D, MADRS or QIDS, PHQ9, IDS-SR) completed by the member. For Medicare members, also include psychotherapy service information.

Anticipated treatment start date	Axis I diagnosis
Onset date of depressive episode	
Current OP psychiatrist	Current OP therapist
Date span of treatment?	
Current medications and dosages	
List all failed medications and dosages	
SSRI	SSNI
TCAs	MAOIs

Has the patient received previous TMS treatment? If yes, include copies of pre- and post-depression scale from previous treatment.

Treating provider	Dates of treatment
<p>Check all absolute contraindications</p> <p>Seizure disorder or any history of seizures (except those induced by ECT or isolated febrile seizures in infancy without subsequent treatment or recurrence)</p> <p>Space occupying brain lesion</p> <p>Evidence of increased intracranial pressure</p> <p>Presence of intracranial devices (i.e., CSF shunts, aneurysm clips, cochlear/otologic implants, deep brain stimulation leads)</p> <p>Vagus nerve stimulator leads (with or without IPG)</p> <p>Facial tattoos with metallic ink</p> <p>Carotid or cerebral stents</p> <p>Ferromagnetic ocular implants</p> <p>Magnetically activated dental implants</p> <p>Pellets, bullets or metallic fragments <30 cm from coil</p> <p>None of the above</p>	<p>Check all relative contraindications</p> <p>Dementia and other degenerative neurologic conditions (i.e., Parkinson's Disease, multiple sclerosis, unstable medical conditions)</p> <p>Chronic or acute psychotic disorder (i.e., schizophrenia, schizophreniform disorder, schizoaffective disorder)</p> <p>Serious co-morbid psychiatric conditions (i.e., psychotic depression, active substance abuse)</p> <p>History of cerebrovascular accident</p> <p>Implantable automatic defibrillator or cardiac pacemaker</p> <p>History of significant head injury (loss of consciousness > 5 minutes and/or hospitalization)</p> <p>No active suicidal ideation with intent</p> <p>None of the above</p>