

TMS Authorization Checklist

Submit via Atrezzo Portal

Please submit medical documentation that supports the need for TMS Services, including but not limited to the following:

- Any relevant and recent psychiatric and risk assessment(s) completed that support TMS services
- Baseline rating scale score (PHQ-9/HAM-D/MADRS/BDI/QIDS)
- Psychotherapy History
 - Trial of evidence-based psychotherapy with no improvement
 - OR barrier to psychotherapy (language, access, unwilling/unable, poor prior response)
- Medication Trials
 - Dose/duration/adherence documented
 - At least one trial from current episode
- Address any potential contraindications. Does the recipient have a history of:
 - Vagus nerve stimulator
 - Any implanted electrical/magnetic devices
 - Seizure disorder
- Identify the treatment plan
- If a repeated course of TMS:
 - Identify when the last course of treatment was
 - Response from that last course of treatment, supplemented by a validated rating scale

