



## Checklist

# Transcranial Magnetic Stimulation (rTMS)

**Prior authorization requests accepted from providers only.**

Member/Patient Name \_\_\_\_\_

**rTMS must be ordered by, and supervised by, a psychiatrist.**

## Documentation

The following documentation must be included:

- Trial (s) of psychopharmacologic agents, including dosage and duration.**
- Response to evidence-based psychotherapy**

**Please check all the following that apply and include above documentation.**

- Cochlear implant
- Deep brain stimulator
- Vagus nerve stimulator
- Epilepsy or seizure history
- Other magnetic-sensitive medical device (such as pacemaker, defibrillator, metal aneurysm clips, or coils within 30 cm of the discharging coil).

## Next Steps

1. Please provide history and physical including onset of symptoms, imaging and treatment received, and response to treatment.
2. Complete this form and submit request online through InTouch at [PacificSource.com/aboutproviderintouch](https://PacificSource.com/aboutproviderintouch). You'll find the Preauthorization Request Form at: [PacificSource.com/provider/preauthorization.aspx](https://PacificSource.com/provider/preauthorization.aspx).

**Questions?** Please call us toll-free at (888) 691-8209 or (541) 684-5584.

This is not an inclusive list. Additional information may be requested.