

Transcranial Magnetic Stimulation Services



Prior Authorization Requirements Checklist

Before submitting prior authorization requests for Transcranial Magnetic Stimulation Services to Ambetter, please ensure all of the following items are included with the request:

- Identifying member information.
- Provider name, NPI, TIN.
- Credentials of servicing provider.
- Number of units per service code requested.
- Start date, end date, and duration of treatment for this request.
- Current DSM diagnosis/es.
- Physician's Health Questionnaire-9 (PHQ-9) score and date assessed.
- Treatment history and outcomes, including dates and duration of the following:
 - Medication - include type and class.
 - Psychotherapy - include specific modalities used.
 - Electroconvulsive therapy.
**Note: If member is unable to take medication and/or electroconvulsive therapy is not recommended, please indicate the reason(s).*
- Current treatment and outcomes, including the specific types of treatment above.
- Medical conditions, if applicable.
- Substance use, if applicable.
- Suicidal ideation, homicidal ideation, or any risk behaviors.
- If requesting additional sessions after initial course of transcranial magnetic stimulation treatment with no progress or response, please include rationale for additional treatment.

Please include any additional clinical information or documentation to support the treatment request. If Ambetter needs additional information for this request, please include the best contact information to reach you/your office.



For any questions, please contact **Provider Services at 1-877-687-1196.**

To request a copy of the Medical Necessity Criteria for a covered behavioral health service, please call 1-844-477-9614.