

# AUTHORIZATION MANAGER TIPS

## Repetitive Transcranial Magnetic Stimulation (rTMS)

### INTRODUCTION

Use this tip when you submit a rTMS request using the Authorization Manager tool. To correctly complete an authorization request, providers are required to include certain information.

### REQUIRED INFORMATION FOR REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS) REQUESTS

#### THE FOLLOWING INFORMATION IS REQUIRED

- **Request type:** Behavioral Health Service Request
- **Place of service:** 12- Home
- **Review type:** Initial
- **Add Servicing/Facility Provider:**
  - Add the facility/group provider once with the type, *Servicing Provider (Do not enter clinician info)*
  - Add the facility/group provider again with the type, *Facility*
- **Diagnosis:** Enter diagnosis code or description
- **Procedure:** Enter code(s) being requested

**After submitting, a new window opens. Populate details as follows:**

- **Quantity:** As needed (if you request over 36 units, your request may be denied)
- **Units:** Units
- **Frequency:** As prescribed
- **Start date:** Requested start date for service

Click **Submit**. When the case pends, you will be asked to upload clinical information.

Please upload additional documentation supporting your request

The request needs further clinical review. Please provide symptoms, lab results with dates and/or justification for initial or ongoing therapy or increase dose and if patient has any contraindications for the health plan/insurer preferred drug. Please provide any additional clinical information or comments pertinent to this request for coverage (e.g. formulary tier exception) or required under state and federal laws. See below to upload documentation and add supporting notes related to the request.

Uploaded Documents Add Documents

ACTION	DOCUMENT NAME

Notes Add Notes

ACTION	NOTE TEXT

Submit

#### Notes

- Attach the [Repetitive Transcranial Magnetic Stimulation Request Form](#). Both pages of the form are required.
- **If you are requesting over the 36 units** outlined in our medical policy, please submit supporting clinical for this request.
- Extension requests must be faxed in when the new requested date is 91+ days after the end date of the original authorization.

- If you are signed in as the facility who will bill for the service, select **yes** for the question below and you will only be required to add the facility once, with the type being facility.

Requesting Provider Same as  
Servicing Provider

YES  NO

## RELATED VIDEO RESOURCES

[Accessing authorizations & printing correspondence](#)

[Attaching Clinical to an existing Case](#)

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MPC\_091824-7G-QT (09/24)