

# **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

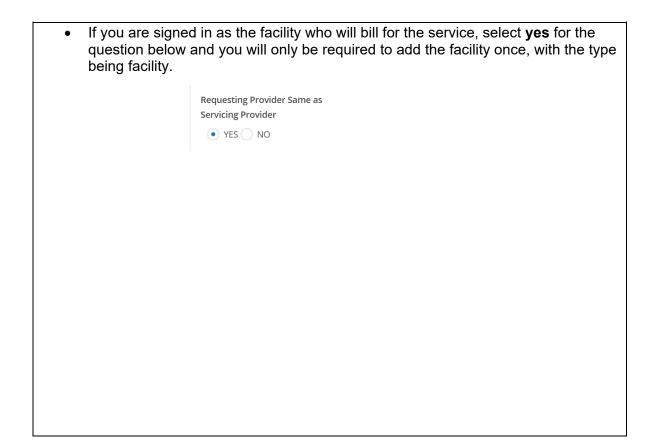
- Request type: Behavioral Health Service Request
- Place of service: 12- Home
- Review type: Initial
- Add Servicing/Facility Provider:
  - Add the facility/group provider once with the type, Servicing Provider (Do not enter clinician info)
  - Add the facility/group provider again with the type, *Facility*
- 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
additional clinical inform	chickal revenues. Plasse provides provides provides that and/or partification for initial or enginging the range your increases close and if patient has any contraindications for the health plan/insurer preferred drug. Plasse provide any ion or comments planeters to his request.
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•	Attach the <u>Repetitive Transcranial Magnetic Stimulation Request Form.</u> 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+ day after the end date of the original authorization.



**RELATED VIDE0**Accessing authorizations & printing correspondence**RESOURCES**Attaching Clinical to an existing Case

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