



## Provider Referral for Evaluation for Transcranial Magnetic Stimulation (TMS) and Neuromodulation Treatment

### Steps to Refer a Patient for TMS Services:

- Referrals can be placed internally by UCSF providers, or by completing this form. Once the referral has been made, we will contact the patient to complete an intake safety screening and verification of insurance coverage. They will then be scheduled for an evaluation where the physician will conduct an assessment to see if they meet criteria for treatment.
- Pre-authorization will be obtained (if applicable) for the patient, and TMS therapy will begin
- Treatments take place at the UCSF Parnassus Campus within the Langley Porter building.
- For additional information about the program, contact the TMS technician: 415-514-6489.
- For more information about TMS at UCSF visit <http://psych.ucsf.edu/TMS>

### General Requirements for Insurance Coverage of TMS:

- Does the patient have a diagnosis of Major Depressive Disorder (Recurrent or Single Episode), Severe?  Yes  No If so, they may need to demonstrate a depression scale rating of severe (PHQ9: 15 or higher, MADRS: 27 or higher) in order to qualify for insurance coverage
- 3+ trials of antidepressant medication (if not, please list reasoning)
- One or more adequate documented trials of psychotherapy

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (referral valid for 120 days)

Patient Name: _____ Date of Birth: _____
Patient Phone #: _____ Email: _____

Referring Psychiatrist or PCP: _____
NPI #: _____
Provider Phone #: _____ Provider Fax #: _____
Provider Address: _____ City/State: _____
Zip Code: _____ Provider Email: _____

Are translation services required? Yes  No

Please include a copy of your patient's updated demographics form and/or insurance card.

Please complete and sign the Antidepressant Medication History Questionnaire (ATHQ) provided on our clinic website ("Medication history form"). If an antidepressant medication trial was incomplete, please indicate any reasonable titration attempt or any side effects preventing titration. Date ranges of complete trials should be included if possible, in order to provide your patient the best chance of obtaining insurance coverage.

Current and Past Diagnoses (circle appropriate specifiers):

- F32.9 – Major Depressive Disorder, Single Episode
- F33.9 – Major Depressive Disorder, Recurrent
- F34.1 – Dysthymic Disorder
- F32.9 – Depressive Disorder Not Otherwise Specified
- F42.9 – Obsessive Compulsive Disorder, Unspecified
- Other (specify) \_\_\_\_\_

- PTSD
- GAD
- Personality Disorders: \_\_\_\_\_

Most insurance companies require that patients attempt pharmacological and psychotherapy trials prior to pursuing TMS. Please list three complete antidepressant medication trials completed (if patient has not tried three complete trials, please indicate reasonable titration, max dose trialed, and any associated side effects):

Medication	Maximum Dose	Date Range (please be as specific as possible)	Outcome/Side Effects/Reason for Stopping

Additional Information you would like us to know:

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The TMS physicians will be consultants in the care of your patient. During the process of TMS your patient will be instructed to contact you for issues related to medication management and psychiatric emergencies. If you have questions about medications, TMS side effects or management of your patient during the treatment series, please feel free to contact our team at 415-514-6489.

\_\_\_\_\_  
(Print Attending or Community Psychiatrist Name)

\_\_\_\_\_  
(Psychiatrist Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Time)

Return by **FAX** to **415-502-6361** / Attention: TMS or by **EMAIL** to **brainstim@ucsf.edu**. If you have questions you can reach the TMS Program Coordinator at 415-514-6489.