HEALTH NET FEDERAL SERVICES
A Wholly-Owned Subsidiary of Centene Corporation

TRICARE®

Beneficiary Full Name: ______________________________ Sponsor's SSN: _______-_____-_______

Date of Birth: ____________________ Beneficiary State of Residence: ______________

Dear Provider,

Please complete the letter of attestation below and return as indicated on the additional information request letter or attach it to your online request.

TRICARE Policy Manual, Chapter 7, Section 3.8 authorizes coverage of transcranial magnetic stimulation (TMS) for the treatment of major depressive disorder when medically necessary and consistent with coverage criteria.

In order for TMS to be covered, the care must be prior authorized and the provider must attest that the following statement is true:

- ☐ Beneficiary is 18 years or older, and
- ☐ The beneficiary has failed to respond to a less intensive form of treatment, or
- ☐ A less intensive intervention is not more appropriate.

I attest the information provided is true and accurate to the best of my knowledge. I understand Health Net Federal Services, LLC or designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

Additional information: ____

Provider's printed name and title: ____

☐ MD

☐ Advanced practice registered nurse (APRN) State of licensure: ___________

Check to attest: ☐ As an APRN, I attest I can practice independently and within the scope of practice and training to administer TMS.

TIN: ___________________________________

Signature: ____

Date: ____________________

This document may contain information covered under the Privacy Act (5 USC §552a) and/or the Health Insurance Portability and Accountability Act (P.L.104-191) and its various implementing regulations and must be protected in accordance with those provisions. If you have received this correspondence in error, please notify 1-844-866-West (9378) at once and destroy the documents and any copies you have made.

Authorizations and Referrals • PO Box 9108 • Virginia Beach, VA 23450-9108

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