



Authorization Request: Radiation Therapy



To initiate the review process, complete this form, attach any additional relevant clinical information, and fax it using a secure cover sheet to (888) 265-0013. HealthHelp® representatives and clinicians are available Monday-Friday, 8 AM to 8 PM EST.

Urgent: For a medically necessary request that requires **immediate handling** due to an unforeseen illness, injury, or condition that could impact the patient's condition, **a phone call to (888) 285-0607 is the fastest way to process your urgent request.** If you choose to fax your urgent request, please ensure that legible contact information is included for the ordering physician/designee stating how he or she may be reached within the next 24 hours in case additional clinical information is needed to complete the review.

Date of Request:		Time:	
Contact Name:		Contact Phone:	
PATIENT INFORMATION			
Patient Name:			
Patient ID:		Patient Date of Birth:	
ORDERING PHYSICIAN INFORMATION			
Name of Ordering Physician:			
Ordering Physician NPI:			
Name & Address of Ordering Facility:			
Phone:		Fax:	
RENDERING FACILITY INFORMATION			
Name of Rendering Facility:			
Tax ID:			
Facility Address:			
Phone:		Fax:	Date of Service:
Treatment Location (circle one): Physician Office Outpatient Facility Hospital Inpatient If inpatient, length of stay:			
TREATMENT/PROCEDURE INFORMATION			
Diagnosis Code (ICD-10):		Patient Height:	Patient Weight:
Procedure Requested (CPT Code):			
Number of Fractions:		Total Radiation Dose:	
ANCILLARY CODES* - If performed in conjunction with this request.			

CLINICAL INFORMATION PERTINENT TO THE TREATMENT IN QUESTION

Cancer stage:

Is there metastasis?

Treatment intent (circle one): Palliative Curative

Patient is being treated for (check all that may apply):

Skin cancer:

- Nonmelanoma skin cancer
- Keloid or other benign skin conditions
- Melanoma or Merkel Cell skin cancer

Musculoskeletal:

- Sarcoma that has originated in the head and neck region
- Sarcoma that has originated from an extremity or bone
- Sarcoma that has originated from the abdominal cavity or thoracic cavity
- Sarcoma that has metastasized to another part of the body
- Primary bone tumor

Lung cancer:

- Stage 1 or 2 non-small cell lung cancer (NSCLC)
- Stage 3 NSCLC
- Palliation
- Small cell lung cancer that is limited stage
- Small cell lung cancer that is extensive stage
- Thymoma or thymic carcinoma
- Mesothelioma.

Hematologic cancer:

- Multiple myeloma or plasmacytoma
- Leukemia
- Hodgkin's Lymphoma that is any stage or in any location
- Non-Hodgkin's Lymphoma that is any stage or in any location

Gastrointestinal cancer:

- Esophageal cancer
- Gastric cancer
- Rectal cancer
- Anal cancer
- Liver cancer
- Pancreatic cancer
- Biliary tree cancer (gallbladder, Klatskin Tumor)
- Colon cancer

Breast cancer:

- Ductal carcinoma in situ (DCIS)
- Stage 1 or 2 breast cancer following a lumpectomy
- Post-mastectomy
- Stage 3 breast cancer
- Breast cancer: Metastasis and palliation

Genitourinary cancer:

- Prostate cancer and is classified as low risk or early stage (Gleason 6 or less and PSA less than 10)
- Prostate cancer and is classified as intermediate risk or high risk (Gleason 7 or higher/PSA greater than 10)
- Prostate cancer after a prostatectomy
- Metastatic prostate cancer
- Bladder cancer (any stage)
- Kidney cancer (any stage)
- Testicular cancer (any stage)

Other: Please provide additional clinical information:

REQUIRED CLINICAL INFORMATION

Please attach the following required clinical information to enable HealthHelp to complete the review appropriately and in a timely manner:

- Prior surgical intervention (include date and type of surgery)
- Prior radiation treatment
- Prior chemotherapy treatment
- Eastern Cooperative Oncology Group Score (ECOG) or Karnofsky Performance Status (KPS)
- Genetic findings or tumor markers (e.g., HER2, CA-15-3)
- Lab Results: Bilirubin, PSA, CBC, CEA, AFP levels
- Prior imaging studies and results (e.g., CT, MRI, PET)

The full list of radiation therapy codes and more information are available at <https://portal.healthhelp.com/cloverhealth>

* HealthHelp does not provide a quality tracking number for radiation therapy ancillary codes; a quality tracking number may be provided only for the primary treatment.

Confidentiality Notice

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