

Oncology Therapy Services / Radiation Therapy Clinical Information Fax

To initiate the Consult process for preauthorization, complete this form, attach additional clinical information, and fax to: **(888) 863-4464**. HealthHelp representatives and physicians are available Monday-Friday 7am-7pm and Saturday 7am-4pm (Central Time). Preauthorization requests may be processed faster online: <https://portal.healthhelp.com/humana>.

Urgent Request is 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 (866) 825-1550** 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 and/or his/her designee stating how they may be reached within the next 24 hours in case additional clinical information is needed to complete the review. An urgent request may be **faxed to: (800) 519-9935**.

| | | |
|---|----------------|---|
| Date: | Time: | Contact Name: |
| Contact Email: | | Contact Phone Number: |
| Member Name: | | Member ID Number: |
| Member DOB: | | Group ID: |
| Member Contact Number: | | |
| Ordering Physician Information | | |
| Physician Name: | | Ordering Physician NPI: |
| Practice Name: | | Phone: Fax: Email: |
| Address: | | |
| City: | State: ZIP: | |
| Rendering Facility Information (<input type="checkbox"/> same as Ordering Physician) | | |
| Facility Name: | | Facility Type: <input type="checkbox"/> Outpatient <input type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> Inpatient; No. of days _____ |
| Facility Tax ID: | | Phone: Fax: Email: |
| Address: | | |
| City: | State: ZIP: | |
| Procedure Information (include procedure code) | | |
| Requested procedure code: | | Diagnosis code: |
| Date of procedure (if known): | | |
| <div style="text-align: right; margin-bottom: 10px;">Pertinent to the diagnosis in question:</div> <div style="margin-bottom: 20px;"> <input type="checkbox"/> Prior surgical intervention: <div style="border-bottom: 1px solid black; height: 15px; width: 80%; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 80%; margin-top: 5px;"></div> </div> <div> <input type="checkbox"/> Cancer stage/performance status: <div style="border-bottom: 1px solid black; height: 15px; width: 80%; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 80%; margin-top: 5px;"></div> </div> | | |

☐ Cancer diagnosis:

☐ Prior radiation treatment:

☐ Palliative care:

☐ Curative therapy:

Clinical Information (check all that apply)

Patient is being treated for:

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
- ☐ treatment 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 and/or 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.