



## Procedure Review 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 **866-203-7271**. HealthHelp® representatives and clinicians are available Monday-Friday, 7 AM to 10 PM CST.

**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 888-285-0562 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:	
<b>PATIENT INFORMATION</b>			
Patient Name:			
Patient ID:		Patient DOB:	
<b>REQUESTING PROVIDER INFORMATION</b>			
Name of Requesting Provider:			
Requesting Provider NPI:			
Name & Address of Requesting Facility:			
Phone:		Fax:	
<b>SERVICING FACILITY INFORMATION</b>			
Name of Servicing Facility:			
Tax ID:			
Facility Address:			
Phone:		Fax:	Treatment Start Date:
Treatment Location (circle one):    Physician Office    Outpatient Hospital    Freestanding Facility			
<b>TREATMENT / PROCEDURE INFORMATION</b>			
Diagnosis Code (ICD-10):	Patient Height (feet & inches):		Patient Weight (lbs.):
Procedure Requested (CPT Code):			
Number of Fractions:		Total Radiation Dose:	
<b>ANCILLARY CODES*</b> - If performed in conjunction with this request.			
<b>CLINICAL INFORMATION PERTINENT TO THE TREATMENT IN QUESTION</b>			
Cancer Stage:			
Is there metastasis?			
Treatment intent (circle one) :    Palliative    Curative			
Patient is being treated for (check all that may apply):			
<b>Skin cancer:</b>			
<input type="checkbox"/> Nonmelanoma Skin Cancer			
<input type="checkbox"/> Keloid or other benign skin conditions			
<input type="checkbox"/> 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.**



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### 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 [portal.healthhelp.com/Meridian](http://portal.healthhelp.com/Meridian).

\*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.

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