of Tennessee
1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

Radiation Oncology Request Form

Please complete this form and submit it as an attachment through one of the following options. Tennessee providers may submit authorization requests at any time in Availity®. Out-of-state providers may submit authorization requests at any time in Cohere®. If you have questions about submitting a prior authorization request in Availity or Cohere, please call **(423) 535-5717**, **option 2,** or contact your eBusiness Network Manager.

Requested dates of service (please allow for pre-planning time if applicable):

Date Submitted: ______________________ Pages Attached (include cover and/or form): __________

Contact Name: ______________ Contact Phone #: ______________ Contact Fax #: ______________

***** Please make sure the contact fax number is clear since decision letters will be faxed to the provider.***

Member Name:	Member ID Number:
Date of Birth (mm/dd/yyyy):	Male Female
Diagnosis (including ICD-9-CM Code):	

Requesting provider information:

Requesting Provider:	Provider ID #:	NPI #:
Phone #:	Fax #:	
Address:		
City	State:	ZIP:

Facility:	Facility Provider #:	Facility NPI #:
Facility Phone #:	Facility Fax #:	
Facility Address:		
Facility City:	State:	ZIP:

Codes continue on next page

Member Name: ______________________ Date of Birth: ____________ Subscriber ID: ____________

Requested code:	Code description:	Units:

If code 77412 is requested, please select the criteria listed below that meets the requirement for this patient:

According to the CMS definition of 77412, at least one of the four options below must be satisfied for this procedure code to be approved.

This treatment uses a 3D or IMRT technique with active motion management

[Active motion management is only valid when imaging technology that monitors the movement of the patient or target is used during the delivery of the treatment. This is not valid for any imaging technology which verifies the patient or target position prior to the treatment delivery.]

This treatment uses a 2D, 3D, or an IMRT technique with multiple isocenters in the same daily treatment session

[Treatment with multiple isocenters is only valid when the optimal treatment plan requires the use of multiple primary focal points in the delivery of radiation treatment. This is not valid for the treatment of different isocenters on different treatment days.]

This treatment uses a mixed electron and photon technique in the same daily treatment session

[This is not valid for treatment when photon beams and electron beams are used on different treatment days in a single course of treatment]

This treatment uses a total skin electron beam therapy (TSEBT) technique

[Treatment with TSEBT is only valid in the treatment of lymphomas involving the skin]

Codes continue on next page

Clinical questions:

Type of cancer patient is being treated for:
Does the patient have distant metastases (i.e., to brain, lung, liver, bone, etc.) Yes No
What is the treatment intent: Pre-op Definitive Post-op Palliative Other
What is the clinical staging for this patient?
Is this request being submitted under the Proton Access Act bill for State of Tennessee group members? Yes No If yes, then per the Proton Beam Act – the following information is required to complete our review: 1. Please include a copy of the clinical trial/registry that the member is a part of. 2. Is the provider board-certified or board-eligible in the specialty of radiation oncology? Yes No 3. Is the provider ordering hypofractionated treatment? Yes No 4. Will the hypofractionated treatment be administered in a facility in Tennessee? Yes No
Clinical Information Requested Please provide past medical history, provider's orders/treatment plan, IV meds, oxygen support, all pertinent lab values, all pertinent diagnostic testing, wound description and care, nutrition/diet, activity, prior level of function, therapy notes/evaluation, discharge plans and any other supportive information. Please attach imaging reports if applicable.

By submitting this request, you're confirming that you have provided all clinical information available pertinent to this request and you're requesting the decision be made based on information provided in your submission.

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