

## Inpatient Radiation Therapy Notification Form

This form should be completed if your patient began radiation therapy as an inpatient and continued treatment as an outpatient. Subsequent outpatient radiation therapy will not require a preauthorization medical necessity review.

**Important Notes Regarding Notification**

- Providers can send completed forms for each patient to NIA by fax at: 1-800-965-6286.
- Complete the form as soon as possible after treatment begins to avoid any delays in payment for services rendered for these patients.
- A confirmation notification will be faxed to the provider within 48 hours of receipt.

<b>Submitted By</b>	Name <i>(Last, First)</i>		
	Phone #	Fax #	<i>*Required</i>
<b>Member Information</b>	Name <i>(Last, First)</i>		
	Address		
	Gender: <input type="radio"/> M <input type="radio"/> F	DOB	Member ID
<b>Provider Information</b>	<b>Radiation Oncologist Name</b>		
	Address		
	Phone #	Fax #	
	Physician Tax ID		
	<b>Outpatient Radiation Therapy Facility</b>		
	Address		
	Phone #	Fax #	
	Facility Tax ID		
<b>Radiation Therapy Treatment Plan Information</b>	<b>Diagnosis – ICD</b> <span style="float: right;"><i>*Required</i></span>		
	<b>Primary Tumor Site Being Treated</b>		
	<input type="radio"/> Breast	<input type="radio"/> Colon	<input type="radio"/> Prostate
	<input type="radio"/> Lung	<input type="radio"/> Other: _____	<input type="radio"/> Rectal
	Treatment Start Date:	Anticipated End Date:	
	<b>Radiation Therapy Type</b>	<i>Estimated Remaining Outpatient Treatments</i> <span style="float: right;"><i>*Required</i></span>	
	<input type="radio"/> Low-dose-rate (LDR) Brachytherapy		
	<input type="radio"/> High-dose-rate (HDR) Brachytherapy		
	<input type="radio"/> 2D Conventional Radiation Therapy (2D)		
	<input type="radio"/> 3D Conformal Radiation Therapy (3D-CRT)		
<input type="radio"/> Intensity Modulated Radiation Therapy (IMRT)			
<input type="radio"/> Stereotactic Body Radiation Therapy (SBRT)			
<input type="radio"/> Other:			