



Radiation Therapy Treatment Notification Form¹

A Radiation Therapy Treatment Notification Form must be completed to notify NIA about patients who began radiation therapy prior to January 16th and for whom treatment is expected to continue beyond January 16, 2012.

- Important Notes Regarding Notification**
- Providers can send completed forms for each patient to NIA by fax at: 800-965-6286.
 - All forms must be submitted to NIA no later than January 13, 2012, to avoid any delays in payment for services rendered for these patients on or after January 16, 2012.
 - A confirmation notification will be faxed to the provider within 48 hours of receipt.

An authorization, based on a medical necessity review, is required for all radiation therapy treatment beginning on or after January 16, 2012.

Submitted By	Name <i>(Last, First)</i>		
	Phone #	Fax #	<i>*Required</i>
Member Information	Name <i>(Last, First)</i>		
	Address		
	Gender: <input type="radio"/> M <input type="radio"/> F	DOB	Member ID
Provider Information	Radiation Oncologist Name		
	Address		
	Phone #	Fax #	
	Physician Tax ID		
	Radiation Therapy Facility		
	Address		
	Phone #	Fax #	
	Facility Tax ID		
Radiation Therapy Treatment Plan Information	Diagnosis – ICD <i>*Required</i>		
	Primary Tumor Site Being Treated		
	<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 Planning Start Date:		Anticipated End Date:
	Radiation Therapy Type	<i>Estimated Remaining Treatments after January 16, 2012</i> <i>*Required</i>	
	<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: _____			

¹ For cases in transition