Radiation Therapy Treatment Notification Form for Transition Cases for Commercial Members

ConnectiCare
You know us by ♥.

Complete this Radiation Therapy Treatment Notification Form to notify ConnectiCare about radiation treatment impacted by one of the following scenarios *(select one):*

- ☐ patient began radiation therapy prior to the program start of January 1, 2016 for all cancer and select non-cancer conditions
- ☐ patient began radiation therapy prior to coverage by ConnectiCare
- ☐ patient began radiation therapy while in an inpatient setting and treatment is expected to continue on an outpatient basis

Important Notes Regarding Notification

- Providers can send completed forms for each patient to ConnectiCare by fax at: 1-800-923-2882.
- A confirmation notification will be faxed to the provider within 48 hours of receipt.

Submitted By *Date:*	Name *(Last, First)*			
	Phone #		Fax #	*Required
Member Information	Name *(Last, First)*			
	Address			
	Gender ☐ M ☐ 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**			
	Site Being Treated ☐ Breast ☐ Colon ☐ Prostate ☐ Rectal ☐ Lung ☐ Head/Neck ☐ Bone Mets ☐ Brain/CNS ☐ Other:			
	Treatment Start Date		Treatment End Date	
	Radiation Therapy Type		**CPT code**	**# of Treatments**
	☐ Low-dose-rate (LDR) Brachytherapy			
	☐ High-dose-rate (HDR) Brachytherapy			
	☐ 2D Conventional Radiation Therapy (2D)			
	☐ 3D Conformal Radiation Therapy (3D-CRT)			
	☐ Intensity Modulated Radiation Therapy (IMRT)			
	☐ Stereotactic Body Radiation Therapy (SBRT)			
	☐ Proton Beam Therapy			
	☐ Other:			
Treatment Plan Update	A new treatment notification form must be submitted if there is a change to CPT codes, # of treatments and/or treatment end date. ☐ Check here if this form is to report changes to a previously submitted form. *Complete all fields above. For Treatment End Date, enter NEW end date, if applicable. For CPT code, enter all CPT codes (including codes previously reported). For # of treatments, indicate total # of treatments needed (including # previously reported).*			