Radiation Therapy Treatment Notification Form for Transition Cases for Medicare VIP Members

ConnectiCare®
VIP Medicare Plans

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: 1-866-706-6929.
- A confirmation notification will be faxed to the provider within 48 hours of receipt.

Submitted By	Name *(Last, First)*
Date:	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).