



ONCOLOGY TREATMENT REQUEST FOR PRIOR AUTHORIZATION FORM

Send completed form to: 1-888-301-9094 Email: nc-medical@fridayhealthplans.com Phone: 1-844-465-5500

Please also attach all orders any road maps, treatment plans, pathology and most recent office notes.

Requestor's Name: _____ **Best contact number/fax:** _____

Member Name: _____ Date of Birth: _____

Member ID Number: _____ **Additional Services** _____ **previous auth**

Service Is: **Elective/Routine** **Urgent** **Resubmission** **Change in regimen**

Members last recorded Weight: _____ **Height:** _____ **BSA:** _____ **ICD-10** _____

CHEMOTHERAPY

Oncologist Name: _____ NPI: _____

TIN: _____ Phone # _____ Fax#: _____

Address: _____

Facility/Location Name: _____

Address: _____

Tax ID: _____ NPI: _____ Fax#: _____

Chemotherapeutic agents with dosages and routes:

Start Date of therapy: _____ Number of cycles requested: _____

Cycle Length: _____ Days

Drug Name	CPT/HCPCS code	Dose per infusion	# of days in cycle given
Example: Drug A	J0000	15mg or 1.2mg/m2	2 or days 1 and 7

Please only include the chemotherapy drugs. Do not include pre-medications, post medications, saline or administration codes. These codes do not require authorization.

RADIATION

Radiation Oncologist Name: _____ NPI: _____

TIN: _____ Phone # _____ Fax#: _____

Address: _____

Facility/Location Name: _____

Address: _____

Tax ID: _____ NPI: _____ Fax#: _____

- SBRT Brachytherapy
- IMRT with Boost
- Gamma Knife Other: _____
- Concurrent with Chemotherapy

Start date of therapy: _____ Total Gy requested: _____

of Fractions/Visits Requested: _____

IMAGING

This is for surveillance scans during active treatment. Additional scans will need separate auth.

Facility/Location Name: _____

Address: _____

Tax ID: _____ NPI: _____ Fax#: _____

- PET/CT CPT: _____ Frequency: _____
- CT Scan CPT: _____ Frequency: _____
 - CPT: _____ Frequency: _____
 - CPT: _____ Frequency: _____
- MRI: CPT: _____ Frequency: _____
 - CPT: _____ Frequency: _____
- Other: CPT: _____ Frequency: _____
 - CPT: _____ Frequency: _____
 - CPT: _____ Frequency: _____