ONCOLOGY TREATMENT REQUEST FOR PRIOR AUTHORIZATION FORM

Send completed form to: 1-888-610-0019 Email: nm-medical@fridayhealthplans.com Phone: 1-844-805-5000

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 1and 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:_____