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Prior Authorization Request Form			Radiation Oncology Services				
Standard Fax# : (844) 807-8997			Urgent Fax# : (844) 807-8996				
Use AuthAccel - Blue Shield's online authorization system - to complete, submit, attach documentation, track status, and receive determinations for both medical and pharmacy authorizations. Visit Provider Connection (www.blueshieldca.com/provider) and click the Authorizations tab to get started.							
Notice: BSC has a 5 Business entirety may result in delayed						plete this form in its	
	🗆 New Stan	dard Reque	st □N	ew Urgent Re	quest		
Important For Urgent Request Scheduling issues do not meet threat to the health of the enro a delay in decision-making mi If there is no MD signature pre	the definition of ollee; including bu ght seriously jeop	ut not limited to, pardize the life or	severe pair health of t	n, potential loss of li the enrollee.			
MD Signature REQUIRED F	or Urgent Requ	uests Only:					
□ Modification, or □ Exte	ension Request	– Please com	plete the	section below:			
Date Last Authorized:			Previous Authorization #				
Justification for Modificatio	on or Extension:						
Patient Information:							
First Name:			Last Name:				
Date of Birth:	Birth:			ID Number:			
Address:							
Provider Information ((Professiona	I):					
Name:			NPI:				
Address:							
City:	State:	Zip:	Phone#:			Fax#:	
Contact name and phone#	:						
Provider Information ((Facility - if a	applicable):					
Name: Tax ID#:			NPI:		NPI:		
Address:							
City:	State:	Zip:	P	hone#:		Fax#:	
Contact Name/Phone#:			· · ·				
Anticipated Date of Se	ervice:						
Place of Service: 🛛 Hospital – Inpatient 🖾 Hospital - Outpatient 🖾 Freestanding Facility							

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Clinical Information

Type and Location							
of Cancer:							
Where in the body is							
radiation being given?							
Type of Service:	Curative Palliative						
Radiation Therapy (requested or provided):							
Three-dimensional confe	ormal radiation therapy (3D CRT)	Brachytherapy					
Intensity-modulated rad	iation therapy (IMRT)	 High-dose rate (HDR) 					
□ Intraoperative radiotherapy (IORT) – for rectal cancer only		Low-dose rate (LDR)					
Stereotactic radiosurgery (SRS)		Boost (separate from					
🗆 Stereotactic body radiat	ion therapy (SBRT)	External Beam Radiation					
Proton		Therapy, or another claim)					
Coding Questions? The following link indicates what is typically approved for various types of radiation							
therapy and what requires additional documentation							
https://www.blueshieldca.com/bsca/bsc/public/common/PortalComponents/provider/StreamDocum							
entServlet?fileName=PRV_Radiation_Oncology.pdf.							
Requesting additional units? Please indicate the rationale below:							

Please provide the Radiation Oncologist consultation notes including:

- Past radiation treatment and any relevant findings.
- □ Treatment plan including total fractions/# of treatments.
- □ Reason for type of radiation treatment including type (e.g., IMRT) and location of tumor (e.g., bone metastases from breast cancer).
- Stage of cancer
- Color Dose Volume Histograms (DVHs) comparing 3D-CRT to IMRT; or 3D-CRT & IMRT to Proton, when applicable (for most IMRT/proton cases if not already sent and prior authorized).
 DVHs are NOT needed when using 3D-CRT or the following types of IMRT cases only:
 - □ IMRT Prostate
 - □ IMRT Head (other than brain) and neck (other than thyroid)
 - □ IMRT or Proton Pediatric CNS tumors
 - □ IMRT anus or anal canal
 - □ Conventional 3D-CRT only cases (no IMRT or Proton requested)
- □ Results/reports of other relevant tests performed; procedure report(s) as applicable.
- High-quality color images (e.g., DVHs) Faxing will NOT provide the color details needed.
 Submit via secure email to <u>PART-CISD@blueshieldca.com</u>. Please include the patient's name, date of birth, member ID, and reference number (if available).

For questions: Call BSC Medical Care Solutions	Phone Number: 1-800-541-6652

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