

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 Day turn-around time on all Prior Authorization Requests. Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.			
<input type="checkbox"/> New Standard Request <input type="checkbox"/> New Urgent Request			
Important For Urgent Requests:			
Scheduling issues do not meet the definition of an urgent request. The definition of an urgent request is an imminent and serious threat to the health of the enrollee; including but not limited to, severe pain, potential loss of life, limb or major bodily function and a delay in decision-making might seriously jeopardize the life or health of the enrollee.			
If there is no MD signature present the request will be processed as a Standard request.			
MD Signature REQUIRED For Urgent Requests Only:			
<input type="checkbox"/> Modification, or <input type="checkbox"/> Extension Request – Please complete the section below:			
Date Last Authorized:		Previous Authorization #	
Justification for Modification or Extension:			
Patient Information:			
First Name:		Last Name:	
Date of Birth:		ID Number:	
Address:			
Provider Information (Professional):			
Name:		NPI:	
Address:			
City:	State:	Zip:	Fax#:
Contact name and phone#:			
Provider Information (Facility - if applicable):			
Name:		Tax ID#:	NPI:
Address:			
City:	State:	Zip:	Fax#:
Contact Name/Phone#:			
Anticipated Date of Service:			
Place of Service: <input type="checkbox"/> Hospital – Inpatient <input type="checkbox"/> Hospital - Outpatient <input type="checkbox"/> Freestanding Facility			

For questions: Call BSC Medical Care Solutions	Phone Number: 1-800-541-6652
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**Please note the type and location of the cancer being treated below:
(Answers can affect the treatment plan or number of units allowed)**

Type of cancer:

Location of cancer:

Select the type of radiation therapy being requested or provided (check all that apply):

- Three-dimensional conformal radiation therapy (3D CRT)
- Intensity-modulated radiation therapy (IMRT)
- Intraoperative radiotherapy (IORT); for rectal cancer only
- Proton
- Brachytherapy
 - High-dose rate (HDR)
 - Low-dose rate (LDR)
 - Boost (separate from External Beam Radiation Therapy, or other claim)
- Stereotactic radiosurgery (SRS)
- Stereotactic body radiation therapy (SBRT)

NOTE: This fax form does not address Electronic Brachytherapy.

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Radiation Oncology – Clinical Documentation

The form following this list of clinical documentation is **NOT** mandatory but is designed to help accelerate the review and/or claims payment. Once completed, it will contain all the information needed to process your request.

Please provide the following documentation:

- History and physical and/or consultation notes including:
 - Clinical findings (i.e., pertinent symptoms and duration)
 - Comorbidities when impacting the treatment plan
 - Reason for type of radiation treatment including type and location of tumor
 - Pertinent past procedural and surgical history including prior radiation therapy
 - Documentation of the need for additional units beyond the standard number allowed
 - Color Dose Volume Histograms (DVHs) comparing 3-D to IMRT or IMRT to Proton, when applicable (for most IMRT/proton cases if not already sent and prior authorized). DVHs are NOT needed when using 3D or the following types of IMRT/Proton 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 3-D only cases (no IMRT or Proton requested)
 - Treatment plan or summary including any brachytherapy, electron therapy (if part of the plan), and total dose and total fractions/# of treatments

- Results/reports of other relevant tests performed; procedure report(s) as applicable

- Any high-quality color images (e.g., DVHs) should be securely emailed to PART-CISD@blueshieldca.com. In the email to PART-CISD@blueshieldca.com, please include the patient's name, date of birth, member ID, and reference number (if available). Faxing will NOT provide the color details needed.

Radiation Oncology – Coding/Treatment Table

The information below indicates what is typically approved for various types of radiation therapy and what requires additional documentation. If additional units are requested beyond the *maximum allowable per standard course of treatment*, the reason for the need for those units must be clearly documented in the medical record, preferably in a separate note.

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Service Code	# Units	MODIFIER, if applicable (-26 or -TC)	Date of Service (Date Range)	Maximum allowable Per standard course of treatment** – see BSC8.06 Radiation Oncology
IGRT <input type="checkbox"/> 77014 (CT) <input type="checkbox"/> 77387 (any) G6001 (stereotactic) <input type="checkbox"/> G6002 (US)				Facility fee (TC) included with delivery codes 77385 and 77386 for IMRT. Professional portion allowed for up to 1 unit for each delivery session when provided. 77387 and G6017 are for pro fee only. Others need -26 modifier for approval.
Clinical Treatment Planning <input type="checkbox"/> 77261 <input type="checkbox"/> 77262 <input type="checkbox"/> 77263				3D CRT = 1* IMRT = 1* IORT = 1* Proton = 1* Brachy = 1* SRS = 1* (77263 only) SBRT = 1* (77263 only)
Simulation <input type="checkbox"/> 77280 <input type="checkbox"/> 77285 <input type="checkbox"/> 77290 <i>Extra unit allowed for external beam boost on different DOS only</i>				<u>Using 3D CRT plan (77295):</u> 3D = 1*: +1 boost IMRT = 0 IORT = 1* Proton = 1* (77290 only) +1 boost Brachy HDR = 5* SRS/SBRT = 1* <u>Using IMRT plan (77301):</u> 3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy HDR = 0 SRS/SBRT = 0

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Verification Simulation <input type="checkbox"/> 77280 <i>Extra unit allowed for external beam boost on different DOS only</i>				Using 3D CRT plan (77295): 3D CRT = 1* IMRT = 0 IORT = 1 Proton = 1* Brachy HDR = 5* 3D CRT EBRT Boost = +1* SRS/SBRT = 1* Using IMRT plan (77301): 3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy HDR = 0 3D CRT EBRT Boost = 0 SRS/SBRT = 0
Respiratory Motion Management <input type="checkbox"/> 77293				1 for breast, lung, and upper abdominal cancer (thoracic areas) Otherwise: 3D CRT = 0* IMRT = 0* IORT = 0* Proton = 0* Brachy = 0* SRS = 0* SBRT = 0*
3D CRT Plan <input type="checkbox"/> 77295 <i>Not allowed along with 77301</i>				3D CRT = 1* IMRT = 0 IORT = 0 Proton = 1* Brachy = 1 per insertion, max 5* SRS/SBRT = 1*

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Basic Dosimetry Calculation <input type="checkbox"/> 77300 <i>Extra unit allowed for external beam boost</i>				0 if billed with 77306, 77307, 77316, 77317, 77318, 77321, 77767, 77768, 77770, 77771, 77772, 0394T or 0395T 3D CRT = 4*; +1 boost IMRT = 4*; +1 boost IORT = 4*; +1 boost Proton = 4*; +1 boost Brachy = 0 except when using 77295 then up to 4 SRS = 4* SBRT = 4* Note: While 4 units (+1 for boost) is typical, it can be more in some cases such as head/neck, prostate or Hodgkin's when up to 8 or more may be needed
IMRT Plan <input type="checkbox"/> 77301 <i>Not allowed along with 77295</i>				3D CRT = 0 (use 77295) IMRT = 1* IORT = 0 Proton = 1* Brachy = 0 (use 77316, 77317, 77318, or 77295) SRS = 1* SBRT = 1*
Teletherapy Isodose Plan <input type="checkbox"/> 77306 <input type="checkbox"/> 77307				1* for mid-Tx change in volume/contour <u>Using 3D CRT plan (77295):</u> 3D CRT = 0 IORT = 0 Proton = 0 SRS/SBRT = 0 Brachy = 0 <u>Using IMRT plan (77301):</u> IMRT = 0 IORT = 1 Proton = 0 SRS/SBRT = 0

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Brachytherapy Isodose Plan <input type="checkbox"/> 77316 <input type="checkbox"/> 77317 <input type="checkbox"/> 77318 <i>Can use 77295 instead but not together</i>				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 1 per insertion, max 5 (cannot be billed in addition to 77295) SRS = 0 SBRT = 0
Special Teletherapy Port Plan <input type="checkbox"/> 77321 <i>Mainly for electron plans, not to be used with 77306/77307, 77295 or 77301; needs documentation for review</i>				<u>Using 3D CRT plan (77295):</u> 3D CRT = 0* IMRT = 0* IORT = 0* Proton = 0* Brachy = 0* SRS = 0* SBRT = 0* <u>Using IMRT plan (77301):</u> 3D CRT = 0* IMRT = 0* IORT = 0* Proton = 0* Brachy = 0* SRS = 0* SBRT = 0*
Special Dosimetry Calculation <input type="checkbox"/> 77331 <i>Needs documentation for review</i>				3D CRT = 0* IMRT = 0* IORT = 0* Proton = 0* Brachy = 0* SRS = 0* SBRT = 0*

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Treatment Devices, Designs and Construction <input type="checkbox"/> 77332 <input type="checkbox"/> 77333 <input type="checkbox"/> 77334 <i>Note number of units for each CPT code requested</i>				If Billed w/ MLC (77338): 3D CRT = 1* IMRT = 1* IORT = 0* Proton = 1* Brachy = 0 SRS = 1* SBRT = 1* <u>Without MLC (any combination of...):</u> 3D CRT = 5* IMRT = 5* IORT = 0 Proton = 5* Brachy = 0 SRS = 5* SBRT = 5*
Continuing Medical Physics Consultation <input type="checkbox"/> 77336				3D CRT = 8 IMRT = 8 IORT = 0 Proton = 8 Brachy = 0 SRS = 0 SBRT = 0 (1 for every 5 radiation therapy delivery sessions)
Multi-leaf Collimator (MLC) <input type="checkbox"/> 77338				3D CRT = 1* IMRT = 1* if using 77385/77386 for delivery. IMRT = 0 if using G6015/G6016 delivery IORT = 0 Proton = 1* Brachy = 0 SRS = 1* SBRT = 1*

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Special Rad. <i>Physics</i> Consult ☐ 77370 <i>Needs documentation for review</i>				3D CRT = 0* IMRT = 0* IORT = 0* Proton = 0* Brachy = 0* SRS = 0* SBRT = 0*
SRS Delivery, Cobalt 60 ☐ 77371 <i>1 or more lesions, one session only</i>				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 0 SRS = 1*, 0 with 77372 or 77373 SBRT = 0
SRS Delivery, LINAC ☐ 77372 <i>1 or more lesions, one session only</i>				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 0 SRS = 1*, 0 with 77371 or 77373 SBRT = 0
SBRT Delivery ☐ 77373 <i>1 or more lesions, per session up to 5</i>				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 0 SRS = 0 SBRT = 5* (one for each session planned, max 5)

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IMRT Delivery <input type="checkbox"/> 77385 <input type="checkbox"/> 77386 Outpatient- freestanding: <input type="checkbox"/> G6015 G6016 (compensator)				3D CRT = 0 IMRT = 28* for prostate cancer; 16* for breast cancer without boost; 24 for breast cancer with boost; no limits otherwise IORT = 0 Proton = 0 Brachy = 0 SRS = 0 SBRT = 0
3D CRT Delivery <input type="checkbox"/> 77402 <input type="checkbox"/> 77407 <input type="checkbox"/> 77412 <input type="checkbox"/> G6003 <input type="checkbox"/> G6004 <input type="checkbox"/> G6005 <input type="checkbox"/> G6006 <input type="checkbox"/> G6007 <input type="checkbox"/> G6008 <input type="checkbox"/> G6009 <input type="checkbox"/> G6010 <input type="checkbox"/> G6011 <input type="checkbox"/> G6012 <input type="checkbox"/> G6013 <input type="checkbox"/> G6014				3D CRT = 16* for breast cancer without boost; 24 for breast cancer with boost; no limits otherwise IMRT = 0 IORT = 0 Proton = 0 Brachy = 0 SRS = 0 SBRT = 0
Intraoperative Radiation Treatment Delivery, x-ray, single treatment session <input type="checkbox"/> 77424 <i>For rectal cancer only</i>				3D CRT = 0 IMRT = 0 IORT = 1 Proton = 0 Brachy = 0 SRS = 0 SBRT = 0
Intraoperative Radiation Treatment Delivery, electrons, single treatment session <input type="checkbox"/> 77425 <i>For rectal cancer only</i>				3D CRT = 0 IMRT = 0 IORT = 1 Proton = 0 Brachy = 0 SRS = 0 SBRT = 0

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Radiation Treatment Management ☐ 77427				3D CRT = 8 (1 for every 5 RT delivery sessions) IMRT = 8 (1 for every 5 RT delivery sessions) IORT = 0 Proton = 8 (1 for every 5 RT delivery sessions) Brachy = 0 SRS = 0 SBRT = 0
SRS Treatment Management ☐ 77432				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 0 SRS = 1* SBRT = 0
SBRT Treatment Management ☐ 77435				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 0 SRS = 0 SBRT = 1
Intraoperative Radiation Treatment Management ☐ 77469 <i>For rectal cancer only</i>				3D CRT = 0 IMRT = 0 IORT = 1 Proton = 0 Brachy = 0 SRS = 0 SBRT = 0
Special MD Consultation (Special Tx Procedure) ☐ 77470 <i>Needs documentation for review</i>				3D CRT = 0* IMRT = 0* IORT = 0* Proton = 0* Brachy = 1* SRS = 0* SBRT = 0*

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Proton Delivery <input type="checkbox"/> 77520 (non- compensator) <input type="checkbox"/> 77522 (compensator) <input type="checkbox"/> 77523 (compensator) <input type="checkbox"/> 77525 (compensator)				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 28* for prostate cancer; no limits otherwise Brachy = 0 SRS = 0 SBRT = 0
Application of Radiation Sources: LDR Brachytherapy <input type="checkbox"/> 77761 <input type="checkbox"/> 77762 <input type="checkbox"/> 77763 <input type="checkbox"/> 77778				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 1 SRS = 0 SBRT = 0
Application of Radiation Sources: HDR Brachytherapy <input type="checkbox"/> 77770 <input type="checkbox"/> 77771 <input type="checkbox"/> 77772				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 4 SRS = 0 SBRT = 0
Supervision, Handling, Loading of Radiation Source <input type="checkbox"/> 77790				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 1 SRS = 0 SBRT = 0
High Dose Rate Electronic Brachytherapy, per fraction <input type="checkbox"/> 0394T <i>(skin, melanoma only)</i> <input type="checkbox"/> 0395T <i>(intracavitary such as IORT)</i>				3D CRT = 0 IMRT = 0 IORT = 1 Proton = 0 Brachy = 0 SRS = 0 SBRT = 0

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Placement of Radiotherapy Afterloading Catheters <input type="checkbox"/> 19296 <input type="checkbox"/> 19297 <input type="checkbox"/> 19298				3D CRT = 0 IMRT = 0 IORT = 0 Proton = 0 Brachy = 1 SRS = 0 SBRT = 0
(other)				
(other)				

Blue Shield of California reserves the right to review all claims, including the medical records submitted to verify the submitted form and provider statement of medical necessity.

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