

# Radiation Therapy Treatment Notification Form for Transition Cases

Complete this Radiation Therapy Treatment Notification Form to notify Horizon NJ Health about radiation treatment impacted by one of the following scenarios (*select one*):

- patient began radiation therapy prior to the program start of 12/1/2013
- patient began radiation therapy prior to coverage by Horizon NJ Health
- 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 Horizon NJ Health by fax at: 800-965-6286.
- A confirmation notification will be faxed to the provider within 48 hours of receipt.

<b>Submitted By</b>	Name ( <i>Last, First</i> )		
	Date:	Phone #	Fax # <span style="color: pink;">*Required</span>
<b>Member Information</b>	Name ( <i>Last, First</i> )		
	Address		
	Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB	Member ID
<b>Provider Information</b>	<b>Radiation Oncologist Name</b>		
	Address		
	Phone #	Fax #	
	Physician Tax ID		
	<b>Radiation Therapy Facility</b>		
	Address		
	Phone #	Fax #	
	Facility Tax ID		
<b>Radiation Therapy Treatment Plan Information</b>	<b>Diagnosis - ICD</b>		
	<b>Site Being Treated</b>	<input type="checkbox"/> Breast <input type="checkbox"/> Lung	<input type="checkbox"/> Colon <input type="checkbox"/> Other:
	<input type="checkbox"/> Prostate	<input type="checkbox"/> Rectal	
	Treatment Start Date	Treatment End Date	
	<b>Radiation Therapy Type</b>	<b>CPT code</b>	<b># of Treatments</b>
	<input type="checkbox"/> Low-dose-rate (LDR) Brachytherapy		
	<input type="checkbox"/> High-dose-rate (HDR) Brachytherapy		
	<input type="checkbox"/> 2D Conventional Radiation Therapy (2D)		
	<input type="checkbox"/> 3D Conformal Radiation Therapy (3D-CRT)		
	<input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT)		
<input type="checkbox"/> Stereotactic Body Radiation Therapy (SBRT)			
<input type="checkbox"/> Proton Beam Therapy			
<input type="checkbox"/> Other:			
<b>Treatment Plan Update</b>	<p>A new treatment notification form must be submitted if there is a change to CPT codes, # of treatments and/or treatment end date.</p> <p><input type="checkbox"/> Check here if this form is to report changes to a previously submitted form.</p> <p><i>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).</i></p>		