Treatment Request Form
Radiation Oncology

DIPLOMAT® | ARC+™ Authorization Request Coordination

Phone: 888.515.1357
Fax: 844.262.8479

Today's Date: _____

Estimated Date of Service: _____

Patient Information			**Physician Information**		
Name:			Name:		
DOB:	Gender:		NPI:	DEA:	
Address:			Practice Name:		
City:	State:	ZIP:	City:	State:	ZIP:
Phone:	Alt. Phone:		Phone:	Fax:	
			Office Contact:		

Medical History	**Treatment Setting**
Primary Dx and Description (ICD-10):	☐ Curative ☐ Palliative
Secondary Dx and Description (ICD-10):	If Curative: ☐ Neo/Adjuvant Radiation ☐ Definitive
Current Stage of Cancer:	Concurrent Chemotherapy? ☐ Yes ☐ No
Area(s) Targeted for Therapy: Please specify, if applicable: ☐ Right ☐ Left ☐ Bilateral	Planned Dose in Gy: Planned Dose in Number of Fractions:
Has/have the affected area(s) previously received radiation therapy? ☐ YES ☐ NO	

Treatment Modality *(choose one)*	**CPT**	**Number of Units**
☐ IMRT or VMAT Technique	☐ G6015 / G6016 / 77385 / 77386	
☐ SBRT or SRS Technique	☐ 77371 / 77372 ☐ 77373 ☐ G0339 ☐ G0340	
☐ 3D Conformal Technique	Please submit list of requested CPT codes and associated number of units.	
☐ Proton Beam		
☐ Brachytherapy		
☐ Unsealed Source / Radioisotope / Radioembolization		
☐ Other (specify):		
If **CPT 77370** special medical physics consultation is being requested, please state why:	If **CPT 77470** special treatment procedure is being requested, please state why:	

"Reimbursement for CPT codes that support or are integral to the delivery radiation therapy, including clinical treatment planning (77261-77263), simulation (77280-77290, 77293), medical radiation physics and dosimetry (77300, 77301, 77295, 77331,77306-77307, 77321, 77332-77334, 77336), port films (77417), image guidance (77014, 77387, G6001, G6002, G6017), and radiation treatment management (77427, 77431, 77435), will be subjected to coding rules and medical documentation at the time of claim.

Physician Signature *(required to validate request)*: _____