

# CareLink



## PRE-AUTHORIZATION REQUEST FOR CHEMOTHERAPY

**PROVIDERS:** Payment for services requiring pre-authorization is contingent upon verification of current eligibility and applicable contract specifications at the time of services. Failure to obtain pre-authorization in advance of the service being rendered will result in an administrative denial of the claim. Please allow two business days for processing. Incomplete requests may require additional time for review.

DATE: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

FACILITY: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

### MEMBER INFORMATION

NAME: \_\_\_\_\_ MRN#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRIMARY CARE PHYSICIAN: \_\_\_\_\_

### CLINICAL INFORMATION

DIAGNOSIS: \_\_\_\_\_

ICD-9: \_\_\_\_\_

PHYSICIAN RESPONSIBLE FOR CHEMOTHERAPY: \_\_\_\_\_

### TREATMENT PLAN

**ANY CARELINK PATIENT ADMITTED FOR RESEARCH STUDY MUST HAVE REQUEST REVIEWED BY CARELINK MEDICAL DIRECTOR BEFORE THE DRUGS ARE ADMINISTERED.**

**CARELINK CANNOT AUTHORIZE ANY DRUG, DEVICE, TREATMENT OR PROCEDURE THAT WOULD NOT BE USED IN THE ABSENCE OF THE EXPERIMENTAL OR INVESTIGATIONAL DRUG, DEVICE, TREATMENT OR PROCEDURE.**

INPATIENT/OUTPATIENT FACILITY LOCATION: (Circle one) University Hospital UHC-D CTRC

SPECIFIC CHEMO PROTOCOL (if known): \_\_\_\_\_

SPECIFIC CHEMO MEDICATIONS: 1) NAME \_\_\_\_\_ CPT (J-CODE): \_\_\_\_\_

2) NAME: \_\_\_\_\_ CPT (J-CODE): \_\_\_\_\_ 3) NAME \_\_\_\_\_ CPT (J-CODES) \_\_\_\_\_

START DOS: \_\_\_\_\_ END DOS: \_\_\_\_\_ IF INPT., SPECIFY LOS (DAYS): \_\_\_\_\_

PROTOCOL SIGNED BY PHYSICIAN ATTACHED  PHYSICIAN PROGRESS NOTES/ORDERS ATTACHED

### CARELINK DETERMINATION---FOR CARELINK USE ONLY

APPROVED – AUTHORIZATION # \_\_\_\_\_ DOS TIMEFRAME: \_\_\_\_\_ TO \_\_\_\_\_

PENDING MORE INFORMATION: \_\_\_\_\_

ALTERNATE FUNDING AVAILABLE: (Circle one) MEDICAID MEDICARE MAP OTHER

DENIED – REASON: \_\_\_\_\_

OTHER: \_\_\_\_\_

SIGNATURE OF REVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

DISCLAIMER: Please be advised that authorization is based upon the medical information provided. Payment for services rendered is subject to verification of medical information or records, the Member's eligibility on the date of service rendered, and all other contractual provisions of the plan. If services, providers, or dates of services change from these indicated, CareLink must be notified prior to services being rendered.

*This form is intended for provider use only; it should not be distributed to patients.*