



## Radiation Therapy Brain Metastases Request

For NON-URGENT requests, please complete this document for authorization along with any relevant clinical documentation requested within this document (i.e. radiation therapy consultation, comparison plan, etc.) before submitting the case by web, phone, or fax. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. **URGENT (same day) requests must be submitted by phone.**

Patient/ Member	First Name:	Middle Initial:	Last Name:
	DOB (mm/dd/yyyy):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Health Plan:		Member ID:

Clinical Information	ICD-10 Code(s):
	What is the radiation therapy treatment start date (mm/dd/yyyy)?
	<b>eviCore is utilizing a clinical decision support submission model for this diagnosis. Please note that only some of the following example questions will need to be answered during the submission of your prior authorization request. For best results, the answers to these questions should be submitted online.</b>
	What is the treatment plan?
	<input type="checkbox"/> Whole Brain Radiation Therapy (WBRT) <input type="checkbox"/> Hippocampal Avoidance Whole Brain Radiation Therapy (HA-WBRT) <input type="checkbox"/> Single Fraction Stereotactic Radiosurgery (SRS) (Linear Accelerator based) <input type="checkbox"/> Single Fraction Stereotactic Radiosurgery (SRS) (Gamma Knife based) <input type="checkbox"/> Multi-Fraction Stereotactic Radiosurgery (SRS) <input type="checkbox"/> Other (including proton based therapies)
	Does the patient have any of the following?
	<input type="checkbox"/> Small Cell, Lymphoma or a germ cell tumor <input type="checkbox"/> Performance status of ECOG 3 or 4 <input type="checkbox"/> Leptomeningeal disease <input type="checkbox"/> History of prior SRS <input type="checkbox"/> Multiple lesions that will be treated sequentially <input type="checkbox"/> None of the above
	Has the patient received radiation to the brain previously? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If SRS or Multi-Fraction SRS treatment plan, identify what type of photon planning will be used?	
<input type="checkbox"/> 3D planning <input type="checkbox"/> IMRT planning	

Clinical Information

How many fractions will be used for each phase?			
Phase 1	Phase 2	Phase 3	Treatment Technique
			Complex
			3D conformal
			Tomotherapy Direct/3D
			Intensity Modulated Radiation Therapy (IMRT)
			Tomotherapy (IMRT)
			Rotational Arc Therapy
			Proton Beam Therapy
			Stereotactic Body Radiation Therapy (SBRT) (Linear Accelerator based using photons and 3D planning)
			Stereotactic Body Radiation Therapy (SBRT) (Linear Accelerator based using photons and IMRT planning)
			Stereotactic Body Radiation Therapy (SBRT) (Linear Accelerator based using protons and 3D planning)
			Stereotactic Body Radiation Therapy (SBRT) (Linear Accelerator based using protons and IMRT planning)
			Stereotactic Body Radiation Therapy (SBRT) (Gamma Knife based using photons and 3D planning)
			Stereotactic Body Radiation Therapy (SBRT) (Gamma Knife based using photons and IMRT planning)
			Stereotactic Body Radiation Therapy (SBRT) (Gamma Knife based using protons and 3D planning)
			Stereotactic Body Radiation Therapy (SBRT) (Gamma Knife based using protons and IMRT planning)
			Multi-Fraction Stereotactic Body Radiation Therapy (SBRT) (using photons and 3D planning)
			Multi-Fraction Stereotactic Body Radiation Therapy (SBRT) (using photons and IMRT planning)
			Multi-Fraction Stereotactic Body Radiation Therapy (SBRT) (using protons and 3D planning)
			Multi-Fraction Stereotactic Body Radiation Therapy (SBRT) (using protons and IMRT planning)
Will image guided radiation therapy (IGRT) be used for the initial phase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<b><i>Please be prepared to submit consult note, results of imaging from the past 60 days and radiation prescription or clinical treatment plan in order to expedite the review process. Failure to provide all relevant information may result in a delay in case processing.</i></b>			

Additional Comments/Information:

Clinical Information