Radiation Therapy Breast Cancer 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/yyy)*:		Gender: ☐ Male ☐ Female
	Health Plan:		Member ID:

Clinical Information	
	ICD-10 Code(s):
	What is the radiation therapy treatment start date *(mm/dd/yyyy)*?
	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.
	What is the treatment plan?
	☐ Whole breast radiation without regional nodal radiation ☐ Partial breast irradiation (PBI) without regional nodal radiation ☐ Whole breast radiation with regional nodal radiation (i.e., axillary, supraclavicular, and/or internal mammary nodes) ☐ Post-mastectomy radiation therapy (PMRT) ☐ Accelerated partial breast irradiation (APBI) ☐ Intraoperative radiation therapy (IORT) ☐ Radiation to the breast or chest wall with or without regional nodal radiation in a patient with local recurrence only and no distant metastatic disease ☐ Radiation to the breast or chest wall with or without regional nodal radiation in a patient with a history of distant metastatic disease (e.g. to the brain, lung, liver, and/or bone) ☐ Re-irradiation of the breast or chest wall with or without regional nodal radiation ☐ Palliative radiation therapy to the breast or chest wall with or without regional nodal radiation

Clinical Information

What treatment technique will be used for the initial phase?

- ☐ Complex
- ☐ Electron Beam Therapy
- ☐ 3D conformal
- ☐ Tomotherapy Direct/3D
- ☐ Intensity Modulated Radiation Therapy (IMRT)
- ☐ Tomotherapy (IMRT)
- ☐ Rotational Arc Therapy
- ☐ Proton Beam Therapy
- ☐ Stereotactic Body Radiation Therapy (SBRT) (using photons and 3D planning)
- ☐ Stereotactic Body Radiation Therapy (SBRT) (using photons and IMRT planning)
- ☐ Stereotactic Body Radiation Therapy (SBRT) (using protons and 3D planning)
- ☐ Stereotactic Body Radiation Therapy (SBRT) (using protons and IMRT planning)
- ☐ Low Dose Rate (LDR) Brachytherapy
- ☐ High Dose Rate (HDR) Brachytherapy
- ☐ AccuBoost
- ☐ Electronic Brachytherapy (HDR)
- ☐ Electron Beam IORT
- ☐ Low-Energy X-Ray IORT
- ☐ Electronic Brachytherapy IORT

How many fractions will be used for the initial phase?

Will image guided radiation therapy (IGRT) be used for the initial phase? ☐ Yes ☐ No ☐ N/A

Will respiratory motion tracking be used for the initial phase? ☐ Yes ☐ No ☐ N/A

How will the patient be treated for the initial phase? ☐ Supine ☐ Prone ☐ N/A

What treatment technique will be used for the boost phase?

- ☐ Complex
- ☐ Intensity Modulated Radiation Therapy (IMRT)
- ☐ Tomotherapy (IMRT)
- ☐ Rotational Arc Therapy
- ☐ Electrons
- ☐ Photons
- ☐ High Dose Rate (HDR) Brachytherapy
- ☐ AccuBoost
- ☐ Electronic Brachytherapy (HDR)
- ☐ N/A

How many fractions will be used for the boost phase?

Will image guided radiation therapy (IGRT) be used for the boost phase? ☐ Yes ☐ No ☐ N/A

For APBI or IORT, what is the stage?

☐ T1mi N0	☐ T1c N0	☐ T4a N0	☐ T4d N0
☐ T1a N0	☐ T2 N0	☐ T4b N0	☐ Ductal Carcinoma In Situ (DCIS)
☐ T1b N0	☐ T3 N0	☐ T4c N0	☐ Other: _____

Clinical Information

For APBI or IORT, Does the patient meet any of the following "Suitable" criteria (as defined in the ASTRO consensus statement for APBI and by NCCN®)?

- ☐ Invasive Tumors - Patient is BRCA-negative; Tumor is ER-positive with negative margins of at least 2 mm and without lymphovascular invasion (LVI)
- ☐ In Situ Tumors - Tumor was detected by screening, is low or intermediate grade, is ≤2.5 cm and has negative margins of at least 3 mm
- ☐ None of the above

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.

Additional Comments/Information: