



## Radiation Therapy Non-Small Cell Lung 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](http://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.**

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

<b>Clinical Information</b>	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 stage of the lung cancer at the time of original diagnosis?
	<input type="checkbox"/> IA or IB <input type="checkbox"/> IIA (T2bN0) <input type="checkbox"/> IIB (T3N0) <input type="checkbox"/> IIB (T1N1, T2N1) <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IIIC <input type="checkbox"/> IV (including oligometastatic disease) <input type="checkbox"/> Loco-regional Recurrence
	What is the treatment intent?
<input type="checkbox"/> Curative, No surgery planned or performed <input type="checkbox"/> Curative, Post-operative (adjuvant) <input type="checkbox"/> Curative, Pre-operative (neo-adjuvant) <input type="checkbox"/> Curative, Treatment of the primary in an oligometastatic setting <input type="checkbox"/> Palliative (to alleviate symptoms)	

Clinical Information

How many fractions will be used for each phase?

Phase 1	Phase 2	Phase 3	Treatment Technique
			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)
			High Dose Rate (HDR) Brachytherapy
			N/A

Will image guided radiation therapy (IGRT) be used for treatment?  Yes  No  N/A

***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.***

Additional Comments/Information: