



## 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](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 treatment plan?
	<input type="checkbox"/> Whole breast radiation without regional nodal radiation <input type="checkbox"/> Partial breast irradiation (PBI) without regional nodal radiation <input type="checkbox"/> Whole breast radiation with regional nodal radiation (i.e., axillary, supraclavicular, and/or internal mammary nodes) <input type="checkbox"/> Treatment of bilateral breast cancer <input type="checkbox"/> Post-mastectomy radiation therapy (PMRT) <input type="checkbox"/> Accelerated partial breast irradiation (APBI) <input type="checkbox"/> Intraoperative radiation therapy (IORT) <input type="checkbox"/> 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 <input type="checkbox"/> 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) <input type="checkbox"/> Re-irradiation of the breast or chest wall with or without regional nodal radiation <input type="checkbox"/> 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?

- Conventional isodose planning, 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)
- Stereotactic Body Radiation Therapy (SBRT) (using protons)
- Low Dose Rate (LDR) Brachytherapy
- High Dose Rate (HDR) Brachytherapy
- AccuBoost
- Electronic Brachytherapy (HDR)
- Electron Beam IORT (i.e. Mobetron)
- Low-Energy X-Ray IORT (i.e. IntraBeam)
- Electronic Brachytherapy IORT (i.e. Xofig or Axxent)

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?

- Intensity Modulated Radiation Therapy (IMRT)
- Tomotherapy (IMRT)
- Rotational Arc Therapy
- Proton Beam Therapy
- Stereotactic Body Radiation Therapy (SBRT) (using photons)
- Stereotactic Body Radiation Therapy (SBRT) (using protons)
- 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

Which breast will be treated?       Bilateral       Left       Right       N/A

Will treatment include the supraclavicular nodes?       Yes       No       N/A

Will treatment include the internal mammary nodes?       Yes       No       N/A

Clinical Information

For APBI or IORT, what is the stage?

- |                                  |                                 |                                 |  |
|----------------------------------|---------------------------------|---------------------------------|--|
| <input type="checkbox"/> T1mi N0 | <input type="checkbox"/> T1c N0 | <input type="checkbox"/> T4a N0 | <input type="checkbox"/> T4d N0                          |
| <input type="checkbox"/> T1a N0  | <input type="checkbox"/> T2 N0  | <input type="checkbox"/> T4b N0 | <input type="checkbox"/> Ductal Carcinoma In Situ (DCIS) |
| <input type="checkbox"/> T1b N0  | <input type="checkbox"/> T3 N0  | <input type="checkbox"/> T4c N0 | <input type="checkbox"/> Other: _____                    |

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  $\leq 2.5$  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: