Radiation Therapy Prostate 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/yyyy)*:		Gender: ☐ Male ☐ Female
	Health Plan:		Member ID:

Clinical Information		
	ICD-10 Code(s):	
	What is the radiation therapy treatment start date *(mm/dd/yyyy)*?	
	For best results, the answers to these questions should be submitted online.	
1.	Does the patient have a history of distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	☐ Yes ☐ No
2.	What is the treatment intent? ☐ Definitive/curative (no prior surgery) ☐ Oligometastases/curative ☐ Post prostatectomy ☐ Palliative (non-curative, to alleviate symptoms) ☐ Other: _____	
3.	What was the T stage at initial diagnosis? ☐ T0 ☐ T1a ☐ T1b ☐ T1c ☐ T2a ☐ T2b ☐ T2c ☐ T3a ☐ T3b ☐ T4 ☐ Other	
4.	What is the patient's PSA level (ng/mL)?	_____ ng/ML
5.	What is/was the patient's Gleason score (range: 2 to 10)? ☐ <=6 ☐ 3 + 4 = 7 ☐ 4 + 3 = 7 ☐ 8 ☐ 9 or 10 ☐ Unknown	
6.	Has the cancer spread to any of the regional lymph nodes (N1 disease)?	☐ Yes ☐ No ☐ N/A
7.	Will the pelvic lymph nodes be treated?	☐ Yes ☐ No ☐ N/A

Clinical Information

8. How many fractions will be used for each phase?

Phase 1	Phase 2	Phase 3	Treatment Technique
			Conventional isodose planning, complex
			Electron Beam Therapy
			3D conformal
			Intensity Modulated Radiation Therapy (IMRT)
			Tomotherapy (IMRT)
			Rotational Arc Therapy/VMAT
			Proton Beam Therapy
			Stereotactic Body Radiation Therapy (SBRT)
			Low Dose Rate (LDR) Brachytherapy
			High Dose Rate (HDR) Brachytherapy
			N/A

9. 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: