Radiation Therapy Cervical 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? ☐ Post-operative [*Continue to question 5*] ☐ Definitive/curative (no prior surgery) [*Continue to question 4*] ☐ Locoregional recurrence [*Continue to question 3]* ☐ Palliative (non-curative, to alleviate symptoms) [*Continue to question 5*] ☐ Other: _____ [*Continue to question 5*]	
3.	Will the para-aortic nodes be treated?	☐ Yes ☐ No
4.	What is the patient's initial FIGO (International Federation of Gynecology and Obstetrics) stage? ☐ Stage IA1 ☐ Stage IA2 ☐ Stage IB1 ☐ Stage IB2 ☐ Stage IB3 ☐ Stage IIA1 ☐ Stage IIA2 ☐ Stage IIB ☐ Stage IIIA ☐ Stage IIIB ☐ Stage IIIC1 ☐ Stage IIIC2 ☐ Stage IVA ☐ Stage IVB ☐ Other/Unknown	

Clinical Information

5. 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/Volumetric Modulated Arc Therapy (VMAT)
			Proton Beam Therapy
			Stereotactic Body Radiation Therapy (SBRT)
			Biology-guided Radiation Therapy (BgRT)
			Low-Dose Rate (LDR) Brachytherapy
			High-Dose Rate (HDR) Brachytherapy
			N/A

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

7. Will the patient be receiving concurrent chemotherapy? ☐ Yes ☐ No ☐ N/A

8. If Brachytherapy was selected, what is the implant type?
   - ☐ Ovoids only
   - ☐ Tandem only
   - ☐ Tandem and ovoids
   - ☐ Vaginal cylinder only
   - ☐ Interstitial

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: