Radiation Therapy Esophageal 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)*?

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 intent?

- ☐ Curative, Pre-operative (neo-adjuvant) without metastatic disease
- ☐ Curative, Post-operative (adjuvant) without metastatic disease
- ☐ Definitive, No surgery planned or performed without metastatic disease
- ☐ Palliative (to alleviate symptoms)
- ☐ Other: _____

What is the location of the tumor?

- ☐ Cervical esophagus
- ☐ Upper thoracic
- ☐ Mid thoracic
- ☐ Lower thoracic/Gastro-esophageal junction
- ☐ Other: _____

What is the T-stage?

- ☐ T1a
- ☐ T1b
- ☐ T2
- ☐ T3
- ☐ T4a
- ☐ T4b
- ☐ Other: _____

What is the N-stage?

- ☐ N0
- ☐ N1
- ☐ N2
- ☐ N3
- ☐ Other: _____

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

Clinical Information

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
			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

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

If Proton Beam Therapy will be used, what technique of Protons will you be using?

☐ Intensity Modulated Proton Therapy (IMPT) (using IMRT planning)
☐ Passive Scattering Proton Therapy (using 3D planning)

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: