Radiation Therapy Central Nervous System (CNS) 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 diagnosis?

- ☐ Grade I glioma (i.e. pilocytic astrocytoma)
- ☐ Grade II glioma (i.e. oligodendroglioma, infiltrative supratentorial astrocytoma, diffuse astrocytoma)
- ☐ Grade III glioma (i.e. anaplastic astrocytoma, anaplastic oligodendroglioma, anaplastic oligoastrocytoma)
- ☐ Grade IV glioma (i.e. glioblastoma, GBM)
- ☐ Ependymoma
- ☐ Medulloblastoma
- ☐ Primary CNS lymphoma
- ☐ Other: _____

What is the treatment intent?

- ☐ Curative, no surgery planned or performed (includes patients who underwent biopsy only)
- ☐ Curative, Post-operative (adjuvant)
- ☐ Curative, Pre-operative (neo-adjuvant)
- ☐ Locally recurrent without previous radiation
- ☐ Locally recurrent in the setting of prior irradiation
- ☐ Palliative (non-curative, to alleviate symptoms)

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/Volumetric Modulated Arc Therapy (VMAT)
			Proton Beam Therapy
			Stereotactic Body Radiation Therapy (SBRT)
			Biology-guided Radiation Therapy (BgRT)
			Stereotactic Radiosurgery (SRS) (Linear Accelerator based)
			Stereotactic Radiosurgery (SRS) (Gamma Knife based)
			Multi-Fraction Stereotactic Radiosurgery (SRS)
			N/A

Will the patient be receiving concurrent chemotherapy?	☐ Yes	☐ No	☐ N/A
Will image guided radiation therapy (IGRT) be used for treatment?	☐ Yes	☐ No	☐ N/A
Has the patient received previous radiation to the brain?	☐ 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: