



## Radiation Therapy Hyperthermia 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/<br>Member | First Name:       | Middle Initial:   | Last Name: |
|                    | DOB (mm/dd/yyyy): | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |            |
|                    | Health Plan:      | Member ID:  |            |

|   |  |  |
|---|--|--|
| Clinical Information  | ICD-10 Code(s):  |  |
|   | What is the radiation therapy treatment start date (mm/dd/yyyy)?   |  |
|   | Is radiation being delivered concurrently with hyperthermia?   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
|   | What is the individual's diagnosis?  |  |
|   | <input type="checkbox"/> Superficially recurrent melanoma<br><input type="checkbox"/> Chest wall recurrence of breast cancer<br><input type="checkbox"/> Recurrent cervical lymph nodes from head and neck cancer<br><input type="checkbox"/> Other: _____ |  |
|   | Is the individual receiving chemotherapy or hormonal therapy concurrently?   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
|   | Does the tumor exceed 4 cm in depth?   | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
|   | What is the treatment delivery code you are requesting?  |  |
|   | <input type="checkbox"/> 77600<br><input type="checkbox"/> 77605<br><input type="checkbox"/> 77610<br><input type="checkbox"/> 77615   | <input type="checkbox"/> 77620<br><input type="checkbox"/> Other*: _____ |
|   | <i>*See table below for complete list of treatment delivery codes</i>  |  |
| Input the number of units of the requested treatment delivery code: _____   |  |  |
| <b><i>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.</i></b> |  |  |
| Additional Comments/Information:  |  |  |
|   |  |  |

## Treatment Delivery Codes

|       |  |
|-------|--|
| 77371 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based   |
| 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based   |
| 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions  |
| 77402 | Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed   |
| 77407 | Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed  |
| 77412 | Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) or a single-isocenter photon therapy (eg, 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/photon field(s), including imaging guidance, when performed |
| 77423 | High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)  |
| 77424 | Intraoperative radiation treatment delivery, x-ray, single treatment session   |
| 77425 | Intraoperative radiation treatment delivery, electrons, single treatment session   |
| 77437 | Surface radiation therapy, superficial, delivery, $\leq$ 150 kV, per fraction (eg, electronic brachytherapy)   |
| 77438 | Surface radiation therapy, orthovoltage, delivery, $>$ 150-500 kV, per fraction  |
| 77520 | Proton treatment delivery; simple, without compensation  |
| 77522 | Proton treatment delivery; simple, with compensation   |
| 77523 | Proton treatment delivery; intermediate  |
| 77525 | Proton treatment delivery; complex   |
| 77600 | Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)   |
| 77605 | Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)   |
| 77610 | Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators   |
| 77615 | Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators  |
| 77620 | Hyperthermia generated by intracavitary probe(s)   |
| 77761 | Intracavitary radiation source application; simple   |
| 77762 | Intracavitary radiation source application; intermediate   |
| 77763 | Intracavitary radiation source application; complex  |

## Treatment Delivery Codes

|       |   |
|-------|---|
| 77767 | HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel  |
| 77768 | HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions  |
| 77770 | HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel   |
| 77771 | HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels   |
| 77772 | HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels  |
| 77778 | Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed  |
| 77789 | Surface application of low dose rate radionuclide source  |
| 79005 | Radiopharmaceutical therapy, by oral administration; used for I-131 treatment   |
| 79101 | Radiopharmaceutical, therapy, by intravenous administration   |
| 0395T | HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction   |
| 0747T | Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia  |
| C2616 | Brachytherapy source, nonstranded, yttrium-90, per source   |
| G0339 | Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment   |
| G0340 | Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment |
| G0458 | Low dose rate (LDR) prostate brachytherapy services, composite rate   |
| G0563 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions                  |
| S2095 | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres  |