

Radiation Therapy Request Other Cancers



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: <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)?		
	For which diagnosis type is the member receiving radiation therapy?		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Adrenal Cancer <input type="checkbox"/> Anal Cancer <input type="checkbox"/> Bile Duct Cancer <input type="checkbox"/> Bladder Cancer <input type="checkbox"/> Bone Metastases <input type="checkbox"/> Brain Metastases <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Cervical Cancer <input type="checkbox"/> CNS Lymphoma <input type="checkbox"/> CNS Neoplasm <input type="checkbox"/> Endometrial Cancer <input type="checkbox"/> Esophagus Cancer <input type="checkbox"/> Gallbladder Cancer <input type="checkbox"/> Gastric (Stomach) Cancer <input type="checkbox"/> Head and Neck Cancer <input type="checkbox"/> Hepatobiliary Cancer <input type="checkbox"/> Hodgkin Lymphoma </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Kidney Cancer <input type="checkbox"/> Liver Cancer <input type="checkbox"/> Lung Cancer – Non-Small Cell <input type="checkbox"/> Lung Cancer – Small Cell <input type="checkbox"/> Multiple Myeloma <input type="checkbox"/> Non-Cancerous Diagnosis <input type="checkbox"/> Oligometastases <input type="checkbox"/> Pancreatic Cancer <input type="checkbox"/> Prostate Cancer <input type="checkbox"/> Rectal Cancer <input type="checkbox"/> Skin Cancer <input type="checkbox"/> Soft Tissue Sarcoma <input type="checkbox"/> Testicular Cancer <input type="checkbox"/> Urethral and Ureteral Cancer <input type="checkbox"/> Vulva Cancer <input type="checkbox"/> Metastases (Non-Bone/Brain) <input type="checkbox"/> Other </td> </tr> </table>	<input type="checkbox"/> Adrenal Cancer <input type="checkbox"/> Anal Cancer <input type="checkbox"/> Bile Duct Cancer <input type="checkbox"/> Bladder Cancer <input type="checkbox"/> Bone Metastases <input type="checkbox"/> Brain Metastases <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Cervical Cancer <input type="checkbox"/> CNS Lymphoma <input type="checkbox"/> CNS Neoplasm <input type="checkbox"/> Endometrial Cancer <input type="checkbox"/> Esophagus Cancer <input type="checkbox"/> Gallbladder Cancer <input type="checkbox"/> Gastric (Stomach) Cancer <input type="checkbox"/> Head and Neck Cancer <input type="checkbox"/> Hepatobiliary Cancer <input type="checkbox"/> Hodgkin Lymphoma	<input type="checkbox"/> Kidney Cancer <input type="checkbox"/> Liver Cancer <input type="checkbox"/> Lung Cancer – Non-Small Cell <input type="checkbox"/> Lung Cancer – Small Cell <input type="checkbox"/> Multiple Myeloma <input type="checkbox"/> Non-Cancerous Diagnosis <input type="checkbox"/> Oligometastases <input type="checkbox"/> Pancreatic Cancer <input type="checkbox"/> Prostate Cancer <input type="checkbox"/> Rectal Cancer <input type="checkbox"/> Skin Cancer <input type="checkbox"/> Soft Tissue Sarcoma <input type="checkbox"/> Testicular Cancer <input type="checkbox"/> Urethral and Ureteral Cancer <input type="checkbox"/> Vulva Cancer <input type="checkbox"/> Metastases (Non-Bone/Brain) <input type="checkbox"/> Other
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If "Other" was selected, please specify the primary diagnosis: _____			
Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<i>Continued on the next page</i>			

Clinical Information

What is the treatment intent?

- Initial primary treatment
- Pre-operative radiation
- Post-operative radiation
- Palliation at primary site
- Isolated local recurrence at primary or adjacent site
- Palliation of metastatic site - explain below
- Total body irradiation
- Other - explain below

If the intent of treatment is "palliation of metastatic site" or "other", please use the space below to list the metastatic sites to be treated and to explain the treatment intent in further detail:

What is the clinical T-stage? T1 T2 T3 T4 TX Unknown

What is the clinical N-stage? N0 N1 N2 N3 Unknown

Is the area to be treated abutting or overlapping a previously irradiated area? Yes No Unknown

Will the patient be receiving concurrent chemotherapy? Yes No Unknown

Select the treatment technique for the first phase:

- | | |
|---|--|
| <input type="checkbox"/> Conventional Isodose Planning, Complex | <input type="checkbox"/> Proton Beam Therapy |
| <input type="checkbox"/> Electron Beam Therapy | <input type="checkbox"/> Multi-Fraction Stereotactic Radiosurgery (MF-SRS) |
| <input type="checkbox"/> 3D Conformal Radiation Therapy (3DCRT) | <input type="checkbox"/> Low-Dose Rate (LDR) Brachytherapy |
| <input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) | <input type="checkbox"/> High-Dose Rate (HDR) Brachytherapy |
| <input type="checkbox"/> Rotational Arc Therapy/Volumetric Modulated Arc Therapy (VMAT) | <input type="checkbox"/> Selective Internal Radiation Therapy (SIRT) |
| <input type="checkbox"/> Helical IMRT (e.g. Tomotherapy) | <input type="checkbox"/> Superficial Radiation Therapy |
| <input type="checkbox"/> Stereotactic Body Radiation Therapy (SBRT) | <input type="checkbox"/> Orthovoltage Radiation Therapy |
| <input type="checkbox"/> Stereotactic Radiosurgery (SRS) | <input type="checkbox"/> Other: _____ |

Phase 1

What is the treatment delivery code for the first phase?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 77371 | <input type="checkbox"/> 77523 |
| <input type="checkbox"/> 77372 | <input type="checkbox"/> 77525 |
| <input type="checkbox"/> 77373 | <input type="checkbox"/> 77770 |
| <input type="checkbox"/> 77402 | <input type="checkbox"/> 77771 |
| <input type="checkbox"/> 77407 | <input type="checkbox"/> 77772 |
| <input type="checkbox"/> 77412 | <input type="checkbox"/> 77778 |
| <input type="checkbox"/> 77437 | <input type="checkbox"/> Other*: _____ |
| <input type="checkbox"/> 77438 | |
| <input type="checkbox"/> 77520 | |
| <input type="checkbox"/> 77522 | |

**See table below for complete list of treatment delivery codes*

Input the number of units of the requested treatment delivery code: _____

Continued on the next page

Clinical Information

Phase 2

If applicable, select the treatment technique for the second phase (i.e. boost or cone-down):

- | | |
|---|--|
| <input type="checkbox"/> Conventional Isodose Planning, Complex | <input type="checkbox"/> Proton Beam Therapy |
| <input type="checkbox"/> Electron Beam Therapy | <input type="checkbox"/> Multi-Fraction Stereotactic Radiosurgery (MF-SRS) |
| <input type="checkbox"/> 3D Conformal Radiation Therapy (3DCRT) | <input type="checkbox"/> Low-Dose Rate (LDR) Brachytherapy |
| <input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) | <input type="checkbox"/> High-Dose Rate (HDR) Brachytherapy |
| <input type="checkbox"/> Rotational Arc Therapy/Volumetric Modulated Arc Therapy (VMAT) | <input type="checkbox"/> Selective Internal Radiation Therapy (SIRT) |
| <input type="checkbox"/> Helical IMRT (e.g. Tomotherapy) | <input type="checkbox"/> Superficial Radiation Therapy |
| <input type="checkbox"/> Stereotactic Body Radiation Therapy (SBRT) | <input type="checkbox"/> Orthovoltage Radiation Therapy |
| <input type="checkbox"/> Stereotactic Radiosurgery (SRS) | <input type="checkbox"/> Other: _____ |

Please enter the treatment delivery code for this phase:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 77371 | <input type="checkbox"/> 77523 |
| <input type="checkbox"/> 77372 | <input type="checkbox"/> 77525 |
| <input type="checkbox"/> 77373 | <input type="checkbox"/> 77770 |
| <input type="checkbox"/> 77402 | <input type="checkbox"/> 77771 |
| <input type="checkbox"/> 77407 | <input type="checkbox"/> 77772 |
| <input type="checkbox"/> 77412 | <input type="checkbox"/> 77778 |
| <input type="checkbox"/> 77437 | <input type="checkbox"/> Other*: _____ |
| <input type="checkbox"/> 77438 | |
| <input type="checkbox"/> 77520 | |
| <input type="checkbox"/> 77522 | |

**See table below for complete list of treatment delivery codes*

Input the number of units of the requested treatment delivery code: _____

Phase 3

If applicable, select the treatment technique for the third phase (i.e. boost or cone-down):

- | | |
|---|--|
| <input type="checkbox"/> Conventional Isodose Planning, Complex | <input type="checkbox"/> Proton Beam Therapy |
| <input type="checkbox"/> Electron Beam Therapy | <input type="checkbox"/> Multi-Fraction Stereotactic Radiosurgery (MF-SRS) |
| <input type="checkbox"/> 3D Conformal Radiation Therapy (3DCRT) | <input type="checkbox"/> Low-Dose Rate (LDR) Brachytherapy |
| <input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) | <input type="checkbox"/> High-Dose Rate (HDR) Brachytherapy |
| <input type="checkbox"/> Rotational Arc Therapy/Volumetric Modulated Arc Therapy (VMAT) | <input type="checkbox"/> Selective Internal Radiation Therapy (SIRT) |
| <input type="checkbox"/> Helical IMRT (e.g. Tomotherapy) | <input type="checkbox"/> Superficial Radiation Therapy |
| <input type="checkbox"/> Stereotactic Body Radiation Therapy (SBRT) | <input type="checkbox"/> Orthovoltage Radiation Therapy |
| <input type="checkbox"/> Stereotactic Radiosurgery (SRS) | <input type="checkbox"/> Other: _____ |

Please enter the treatment delivery code for this phase:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 77371 | <input type="checkbox"/> 77523 |
| <input type="checkbox"/> 77372 | <input type="checkbox"/> 77525 |
| <input type="checkbox"/> 77373 | <input type="checkbox"/> 77770 |
| <input type="checkbox"/> 77402 | <input type="checkbox"/> 77771 |
| <input type="checkbox"/> 77407 | <input type="checkbox"/> 77772 |
| <input type="checkbox"/> 77412 | <input type="checkbox"/> 77778 |
| <input type="checkbox"/> 77437 | <input type="checkbox"/> Other*: _____ |
| <input type="checkbox"/> 77438 | |
| <input type="checkbox"/> 77520 | |
| <input type="checkbox"/> 77522 | |

**See table below for complete list of treatment delivery codes*

Input the number of units of the requested treatment delivery code: _____

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Clinical Information

IGRT

If superficial or orthovoltage was selected, will you be using Image Guided Radiation Therapy (IGRT)? Yes No Unknown

Select the Image Guided Radiation Therapy (IGRT) code: 77439 77387

Input the number of units of the Image Guided Radiation Therapy (IGRT) code: _____

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:

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, ≤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