



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: <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)?		
	<p>eviCore is utilizing a clinical decision support submission model for this diagnosis.</p> <p>Please note that only some of the following example questions will need to be answered during the submission of your prior authorization request.</p> <p>For best results, the answers to these questions should be submitted online.</p>		
	What is the diagnosis?		
	<input type="checkbox"/> Grade I glioma (i.e. pilocytic astrocytoma) <input type="checkbox"/> Grade II glioma (i.e. oligodendroglioma, infiltrative supratentorial astrocytoma, diffuse astrocytoma) <input type="checkbox"/> Grade III glioma (i.e. anaplastic astrocytoma, anaplastic oligodendroglioma, anaplastic oligoastrocytoma) <input type="checkbox"/> Grade IV glioma (i.e. glioblastoma, GBM) <input type="checkbox"/> Ependymoma <input type="checkbox"/> Medulloblastoma <input type="checkbox"/> Primary CNS lymphoma <input type="checkbox"/> Other: _____		
	What is the treatment intent?		
	<input type="checkbox"/> Curative, no surgery planned or performed (includes patients who underwent biopsy only) <input type="checkbox"/> Curative, following (adjuvant) a complete or gross total resection (GTR) <input type="checkbox"/> Curative, following (adjuvant) an incomplete or subtotal resection (STR) <input type="checkbox"/> Curative, pre-operative (neo-adjuvant) <input type="checkbox"/> Locally recurrent without previous radiation <input type="checkbox"/> Locally recurrent in the setting of prior irradiation <input type="checkbox"/> Palliative		
	Will the patient be receiving concurrent chemotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
If Primary CNS lymphoma, what was the response to chemotherapy?			
<input type="checkbox"/> Complete response (CR) <input type="checkbox"/> Partial response (PR) <input type="checkbox"/> No response (NR) <input type="checkbox"/> Progressive disease (POD) <input type="checkbox"/> No chemotherapy was given			

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)
			Stereotactic Radiosurgery (SRS) (Linear Accelerator based)
			Stereotactic Radiosurgery (SRS) (Gamma Knife based)
			Multi-Fraction Stereotactic Radiosurgery (SRS)
			N/A
Will image guided radiation therapy (IGRT) be used for treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Has the patient received previous radiation to the brain? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If Proton was selected, what technique of Protons will be used?			
<input type="checkbox"/> Intensity Modulated Proton Therapy (IMPT) (using IMPT planning) <input type="checkbox"/> Passive Scattering Proton Therapy (using 3D planning)			
<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>			
Additional Comments/Information:			

