Radiation Therapy Small Cell Lung 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, No surgery planned or performed ☐ Curative, Post-operative (adjuvant) ☐ Curative, Pre-operative (neo-adjuvant) ☐ Curative, Treatment of the primary in an oligometastatic setting ☐ Palliative (to alleviate symptoms) ☐ Prophylactic cranial irradiation (PCI)
	If treatment intent is <u>not</u> Post-opreative, what is the stage of the lung cancer at the time of original diagnosis? ☐ IA or IB ☐ IIA (T2b N0) ☐ IIB ☐ IIIA ☐ IIIB ☐ IIIC ☐ IV or Extensive stage ☐ Loco-regional Recurrence
	If No surgery planned or performed and IIIC, what has been the response to chemotherapy? ☐ Complete response (CR) ☐ Partial response (PR) ☐ No response or stable disease ☐ Progressive disease
	If PCI and IV or Extensive Stage, what has been the response to treatment of the primary tumor? ☐ Complete response (CR) ☐ Partial response (PR) ☐ No response or stable disease ☐ Progressive disease

Clinical Information

If PCI and not IV or Extensive stage or Loco-regional recurrence, what has been the response to chemoradiation?

- ☐ Complete response (CR)
- ☐ Partial response (PR)
- ☐ No response or stable disease
- ☐ Progressive disease

How many fractions will be used for each phase?

Phase 1	Phase 2	Phase 3	Treatment Technique
			Conventional isodose planning, complex
			3D conformal
			Intensity Modulated Radiation Therapy (IMRT)
			Tomotherapy (IMRT)
			Rotational Arc Therapy
			Proton Beam Therapy
			Stereotactic Body Radiation Therapy (SBRT)
			N/A

Will image guided radiation therapy (IGRT) be used for treatment? ☐ 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: