Radiation Therapy Breast 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)*?

For best results, the answers to these questions should be submitted online.

1. Which breast will be treated? ☐ Bilateral ☐ Left ☐ Right ☐ N/A
2. If Bilateral, will treatment be delivered concurrently to both breasts? ☐ Yes ☐ No ☐ N/A
3. What is the T stage? *If bilateral, T stage will be needed for both breasts.*
   ☐ TX ☐ Tis (DCIS) ☐ T0 ☐ T1 ☐ T2 ☐ T3 ☐ T4
4. What is the N stage? *If bilateral, N stage will be needed for both breasts.*
   ☐ NX ☐ N0 ☐ N1 ☐ N2 ☐ N3
5. Does the patient have a history of distant metastases (stage M1) (i.e. to brain, lung, liver, bone)? ☐ Yes ☐ No
6. What is the treatment plan?
   - ☐ Whole breast radiation without regional nodal radiation *[Continue to question 9]*
   - ☐ Whole breast radiation with regional nodal radiation (i.e., axillary, supraclavicular, and/or internal mammary nodes) *[Continue to question 7]*
   - ☐ Partial breast irradiation (PBI) *[Continue to question 9]*
   - ☐ Accelerated partial breast irradiation (APBI) *[Continue to question 9]*
   - ☐ Intraoperative radiation therapy (IORT) *[Continue to question 9]*
   - ☐ Post-mastectomy radiation therapy (PMRT) *[Continue to question 7]*
   - ☐ Metastatic breast cancer to treat with locoregional radiation therapy *[Continue to question 9]*
   - ☐ Palliative *[Continue to question 9]*
   - ☐ Other: _____ *[Continue to question 9]*
7. Will treatment include the supraclavicular nodes? ☐ Yes ☐ No ☐ N/A
8. Will treatment include the internal mammary nodes? ☐ Yes ☐ No ☐ N/A

Clinical Information

9. 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)
			Electrons
			Photons
			Low Dose Rate (LDR) Brachytherapy
			High Dose Rate (HDR) Brachytherapy
			AccuBoost
			Electronic brachytherapy (HDR)
			Electron Beam IORT (i.e. Mobetron)
			Low-Energy X-Ray IORT (i.e. IntraBeam)
			Electronic Brachytherapy IORT (i.e. Xoft or Axxent)
			N/A

10. Will image guided radiation therapy (IGRT) be used for the first phase? ☐ Yes ☐ No ☐ N/A

11. Will respiratory motion tracking be used? ☐ Yes ☐ No ☐ N/A

12. How will the patient be treated? ☐ Supine ☐ Prone ☐ N/A

13. Will image guided radiation therapy (IGRT) be used for the second phase? ☐ Yes ☐ No ☐ N/A

14. Will image guided radiation therapy (IGRT) be used for the third phase? ☐ Yes ☐ No ☐ N/A

15. If the request is for IMRT, Tomotherapy, or Rotational Arc Therapy/VMAT, has a 3D vs. IMRT comparison been completed?

☐ Yes ☐ No ☐ Unknown

Clinical Information		
	If yes to question 15, please complete the following and upload or fax a completed 3D/IMRT comparison plan for further review.	
	16.	What is the mean heart dose with 3D conformal treatment?
	17.	What is the mean heart dose with IMRT treatment?
	18.	What percentage of the ipsilateral lung is receiving 20 Gy(V20) with 3D conformal treatment?
	19.	What percentage of the ipsilateral lung is receiving 20 Gy(V20) with IMRT treatment?
	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:	