EviCore
By EVERNORTH

Radiation Therapy Rectal 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, Pre-operative (neo-adjuvant) without metastatic disease ☐ Curative, Post-operative (adjuvant) without metastatic disease ☐ Curative, No surgery planned or performed without metastatic disease ☐ Loco-regional Recurrence with no metastatic disease ☐ Palliative ☐ Other _____
	Will the patient be treated supine or prone? ☐ Supine ☐ Prone ☐ N/A

Clinical Information

How many fractions will be used for each phase?

Phase 1	Phase 2	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)
		Biology-guided Radiation Therapy (BgRT)
		Electron Beam IORT
		Low-Energy X-Ray IORT
		Electronic Brachytherapy IORT
		N/A

Will image guided radiation therapy (IGRT) be used for treatment?	☐ Yes	☐ No	☐ N/A
Will concurrent chemotherapy be used for this course of treatment?	☐ Yes	☐ No	☐ N/A
Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	☐ Yes	☐ No	

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: