EviCore
By EVERNORTH

Radiation Therapy Endometrial 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, Post-operative (adjuvant)
- ☐ Curative, Pre-operative (neo-adjuvant)
- ☐ Curative, No surgery planned or performed (e.g. medically inoperable)
- ☐ Loco-regional recurrence in the setting of prior hysterectomy and no metastatic disease
- ☐ Palliative (to alleviate symptoms)

What is the histology?

- ☐ Endometrioid
- ☐ Serous or clear cell or Carcinosarcoma or undifferentiated
- ☐ Sarcoma (i.e., endometrial stromal sarcoma, leiomyosarcoma)
- ☐ Other: _____

What is the FIGO stage?

- ☐ IA
- ☐ IB
- ☐ II
- ☐ IIIA
- ☐ IIIB
- ☐ IIIC1
- ☐ IIIC2
- ☐ IVA
- ☐ IVB

If Post-operative, Endometrioid, and FIGO is IA or IB, what is the grade of the tumor?

- ☐ Grade 1(well differentiated)
- ☐ Grade 2 (moderately differentiated)
- ☐ Grade 3 (poorly differentiated)
- ☐ Grade unknown

Clinical Information

If Post-operative, Endometrioid, and FIGO is IA or IB, is there presence of LVSI (lymphovascular space invasion)? ☐ Yes ☐ No ☐ N/A

If Locoregional recurrence, has the patient had prior radiation?

- ☐ No prior radiation
- ☐ Brachytherapy only
- ☐ EBRT only
- ☐ EBRT and Brachytherapy only

If Locoregional recurrence, is the recurrence at the vaginal cuff only? ☐ Yes ☐ No ☐ N/A

If Locoregional recurrence, is the recurrence within the pelvic lymph node(s)? ☐ Yes ☐ No ☐ N/A

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)
			Biology-guided Radiation Therapy (BgRT)
			Low Dose Rate (LDR) Brachytherapy
			High Dose Rate (HDR) Brachytherapy
			Electronic Brachytherapy (HDR)
			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: