



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: <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 treatment intent?	
	<input type="checkbox"/> Curative, Post-operative (adjuvant) <input type="checkbox"/> Curative, Pre-operative (neo-adjuvant) <input type="checkbox"/> Curative, No surgery planned or performed (e.g. medically inoperable) <input type="checkbox"/> Loco-regional recurrence in the setting of prior hysterectomy and no metastatic disease <input type="checkbox"/> Palliative (to alleviate symptoms)	
	What is the histology?	
	<input type="checkbox"/> Endometrioid <input type="checkbox"/> Serous or clear cell or Carcinosarcoma or undifferentiated <input type="checkbox"/> Sarcoma (i.e., endometrial stromal sarcoma, leiomyosarcoma) <input type="checkbox"/> Other: _____	
	What is the FIGO stage?	
	<input type="checkbox"/> IA <input type="checkbox"/> IIIC1 <input type="checkbox"/> IB <input type="checkbox"/> IIIC2 <input type="checkbox"/> II <input type="checkbox"/> IVA <input type="checkbox"/> IIIA <input type="checkbox"/> IVB <input type="checkbox"/> IIIB	
	If Post-operative, Endometrioid, and FIGO is IA or IB, what is the grade of the tumor?	
<input type="checkbox"/> Grade 1(well differentiated) <input type="checkbox"/> Grade 2 (moderately differentiated) <input type="checkbox"/> Grade 3 (poorly differentiated) <input type="checkbox"/> Grade unknown		



Internal Information

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Clinical Information	If Post-operative, Endometrioid, and FIGO is IA or IB, is there presence of LVSI (lymphovascular space invasion)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	If Locoregional recurrence, has the patient had prior radiation?					
	<input type="checkbox"/> No prior radiation <input type="checkbox"/> Brachytherapy only <input type="checkbox"/> EBRT only <input type="checkbox"/> EBRT and Brachytherapy only					
	If Locoregional recurrence, is the recurrence at the vaginal cuff only?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	If Locoregional recurrence, is the recurrence within the pelvic lymph node(s)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<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:						