EviCore
By EVERNORTH

Radiation Therapy Skin 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 type of skin cancer being treated?			
	☐ Squamous cell carcinoma ☐ Basal cell carcinoma ☐ Melanoma ☐ Merkel cell carcinoma ☐ Mycosis Fungoides ☐ Kaposi's sarcoma ☐ Other _____			
	Does the patient have distant metastases disease (stage M1), i.e. to brain, lung, liver, bone?	☐ Yes	☐ No	☐ N/A
	How many skin lesions are being treated?			
	Are all skin lesions treated concurrently?	☐ Yes	☐ No	☐ N/A
	What is the location of the lesion(s)?			
	If Melanoma, are you treating regional lymph nodes?	☐ Yes	☐ No	☐ N/A
	If Mycosis Fungoides, does the patient have solitary Mycosis Fungoides?	☐ Yes	☐ No	☐ N/A
	If Mycosis Fungoides, is this a request for Total Skin Electrons (TSE)?	☐ Yes	☐ No	☐ N/A
	If Mycosis Fungoides and TSE, how many fractions of TSE are requested?			
	If Mycosis Fungoides and TSE, how many areas will be boosted?			

Clinical Information

How many fractions will be used for each site or phase?

Site 1 or Phase 1	Site 2 or Phase 2	Site 3 or Phase 3	Site 4	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)
				Superficial or Orthovoltage
				Total Skin Electrons (TSE)
				Biology-guided Radiation Therapy (BgRT)
				High Dose Rate (HDR) Brachytherapy
				Electronic Brachytherapy (HDR) (e.g. Xoft, Esteya)
				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

If Proton was selected, what technique of Protons will you be using?

☐ Intensity Modulated Proton Therapy (IMRT) (using IMRT planning)
☐ Passive Scattering Proton Therapy (using 3D planning)

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: