Radiation Therapy Head and Neck 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.

Does the patient have a history of distant metastases (stage M1) (i.e. to brain, lung, liver, bone)? ☐ Yes ☐ No

What is the head and neck site being treated?

- ☐ Lip
- ☐ Oral cavity (e.g. floor of mouth)
- ☐ Oropharynx (e.g. base of tongue, tonsil)
- ☐ Hypopharynx
- ☐ Nasopharynx
- ☐ Glottic Larynx (vocal cords only)
- ☐ Supraglottic Larynx
- ☐ Nasal cavity
- ☐ Ethmoid sinus
- ☐ Maxillary sinus
- ☐ Salivary gland (e.g. parotid)
- ☐ Unknown primary
- ☐ Other _____

What is the treatment intent?

- ☐ Curative, No surgery planned or performed
- ☐ Curative, Post-operative (adjuvant)
- ☐ Curative, Pre-operative (neo-adjuvant)
- ☐ Curative, treatment of the primary in an oligometastatic setting
- ☐ Loco-regional Recurrence
- ☐ Palliative (non-curative, to alleviate symptoms)
- ☐ Other _____

Clinical Information

What is the clinical T-stage?

☐ Tis ☐ T2 ☐ T4 ☐ Other
☐ T1 ☐ T3 ☐ TX

What is the clinical N-stage?

☐ N0 ☐ N3
☐ N1 ☐ NX
☐ N2

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
			N/A

Will image guided radiation therapy (IGRT) be used for treatment?	☐ Yes	☐ No	☐ N/A
Will the patient be receiving concurrent chemotherapy?	☐ Yes	☐ No	☐ N/A
Is twice a day treatment planned for any or all of the course of 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: