EviCore By EVERNORTH

Radiation Therapy Brain Metastases 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)*?	
	For best results, the answers to these questions should be submitted online.	
1.	What is the primary diagnosis?	
	☐ Breast ☐ Colorectal ☐ Head and Neck ☐ Non-small cell lung (NSLC) ☐ Small cell (lung or extra-pulmonary) ☐ Melanoma ☐ Sarcoma	☐ Kidney (renal cell) ☐ Testicular ☐ Thyroid ☐ Lymphoma ☐ Prostate ☐ Other: _____
2.	What is the treatment plan?	
	☐ Whole Brain Radiation Therapy (WBRT) ☐ Hippocampal Avoidance Whole Brain Radiation Therapy (HA-WBRT) ☐ Single Fraction Stereotactic Radiosurgery (SRS) (Linear Accelerator based) ☐ Single Fraction Stereotactic Radiosurgery (SRS) (Gamma Knife based) ☐ Multi-Fraction Stereotactic Radiosurgery (SRS) ☐ Other	
3.	Does the patient have leptomeningeal disease?	
	☐ Yes	☐ No

Clinical Information

Questions 4-8 are only applicable when question 1 is single fraction SRS, multi-fraction SRS, or Other.

Otherwise please continue to question 9.

4. Has the patient ever had radiation to the brain before?
   ☐ Yes ☐ No *[continue to question 6]*

5. If patient has had prior radiation to the brain, please specify the prior radiation:
   ☐ Whole brain radiation therapy (WBRT)
   ☐ SRS/FSRT
   ☐ Both

6. How many lesions are present in the brain? _____

7. **For single fraction SRS, all lesions should be treated within a single fraction.**
   For all multi-fraction SRS, all lesions should be treated within 5 fractions (treatment sessions).

   Will you be requesting an additional authorization to treat any additional brain lesions?
   ☐ Yes ☐ No

8. Is there treatment planned to any sites outside of the brain?
   ☐ Yes ☐ No

9. How many fractions will be used for each phase?

Phase 1	Phase 2	Phase 3	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 (SRS) (Linear Accelerator based)
			Stereotactic Body Radiation Therapy (SRS) (Gamma Knife based)
			Multi-Fraction Stereotactic Body Radiation Therapy (SRS)
			Biology-guided Radiation Therapy (BgRT)

10. Will image guided radiation therapy (IGRT) be used? ☐ 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: