Radiation Therapy Anal 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:	

	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.							
Clinical Information	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?							
	What is the clinical T-stage? T0 T1 T1 T2 T3 T4 T4 Other:							
	What is the clinical N-stage?							
	How many fractions will be used for each phase?							
	Phase 1	Phase 2	Phase 3	Treatment Technique				
				Conventional isodose planning, complex				
				Electron Beam Therapy				
Clin				3D conformal				
				Intensity Modulated Radiation Therapy (IMRT)				
				Tomotherapy (IMRT)				
				Rotational Arc Therapy/Volumetric Modulated Arc Therapy (VMAT)				
				Proton Beam Therapy				
				Stereotactic Body Radiation Therapy (SBRT)				
				Biology-guided Radiation Therapy (BgRT)				
				Low Dose Rate (LDR) Brachytherapy				
				High Dose Rate (HDR) Brachytherapy				

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Phase 1	Phase 2	Phase 3	Treatment Technique
			Electron Beam IORT
			Low-Energy X-Ray IORT
			Electronic Brachytherapy IORT
			N/A

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	Will image guided radiation therapy (IGRT) be used for treatment?
	Will concurrent chemotherapy be used for this 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:
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Clinical Information	
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