EviCore
By EVERNORTH

Radiation Therapy Extra-Cranial 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.

The following clinical questions apply to requests for treatment of metastatic lesions using external beam radiation therapy.

1. What is the primary diagnosis?

☐ Breast
☐ Colorectal
☐ Prostate
☐ Head and Neck
☐ Non-small cell lung
☐ Small cell (lung or extra-pulmonary)
☐ Melanoma
☐ Sarcoma
☐ Kidney (renal cell)
☐ Testicular
☐ Thyroid
☐ Lymphoma
☐ Prostate
☐ Other: _____

2. What is the treatment intent?

☐ Palliative (non-curative, to alleviate symptoms)
☐ Oligometastases
☐ Other: _____

3. What is the location of the metastatic site(s) that will be treated? Please specify the spine levels and/or other location for the metastatic site(s) if applicable.

Site 1	Site 2	Site 3	Site 4	Location
				Adrenal gland
				Bone
				Lung
				Liver
				Spine
				Other Non-Bone

Clinical Information

4. Please specify the spine levels, bone location and/or the Other Non-Bone location for the metastatic site(s), if applicable.

5. If there are more than 4 metastatic sites, please provide the location(s) of the additional metastatic site(s).

6. How many fractions will be used for each metastatic site(s)?

Site 1	Site 2	Site 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)
				Biology-guided Radiation Therapy (BgRT)

7. Will image guided radiation therapy (IGRT) be used for the initial phase? ☐ Yes ☐ No ☐ N/A

8. If more than one site, will treatment to the metastatic legions be delivered concurrently? ☐ Yes ☐ No

9. Have any of these areas been previously treated? ☐ 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 in case processing.

Additional Comments/Information: