

Radiation Therapy Extra Cranial Mets 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: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Health Plan:		Member ID:

Clinical Information	ICD-10 Code(s):	
	What is the radiation therapy treatment start date (mm/dd/yyyy)?	
	<i>The following clinical questions apply to requests for treatment of metastatic lesions using external beam radiation therapy.</i>	
	What is the primary diagnosis?	
	<input type="checkbox"/> Breast <input type="checkbox"/> Colorectal <input type="checkbox"/> Head and Neck <input type="checkbox"/> Non-small cell lung (NSCLC) <input type="checkbox"/> Small cell (lung or extra-pulmonary) <input type="checkbox"/> Melanoma <input type="checkbox"/> Sarcoma	<input type="checkbox"/> Kidney (renal cell) <input type="checkbox"/> Testicular <input type="checkbox"/> Thyroid <input type="checkbox"/> Lymphoma <input type="checkbox"/> Prostate <input type="checkbox"/> Other: _____
	What is the treatment plan?	
	<input type="checkbox"/> Palliative (non-curative, to alleviate symptoms) <input type="checkbox"/> Oligometastases <input type="checkbox"/> Other _____	
	How many metastatic lesions will be treated? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other: _____	
Site 1	What is the location of the first metastatic lesion being treated?	
	<input type="checkbox"/> Bone: _____ <input type="checkbox"/> Spine: _____ <input type="checkbox"/> Lung	<input type="checkbox"/> Liver <input type="checkbox"/> Adrenal gland <input type="checkbox"/> Other Non-Bone: _____
Select the treatment technique for the first metastatic lesion:		
<input type="checkbox"/> Conventional Isodose Planning, Complex <input type="checkbox"/> Electron Beam Therapy <input type="checkbox"/> 3D Conformal Radiation Therapy (3DCRT) <input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) <input type="checkbox"/> Rotational Arc Therapy/Volumetric Modulated Arc Therapy (VMAT)		<input type="checkbox"/> Helical IMRT (e.g. Tomotherapy) <input type="checkbox"/> Proton Beam Therapy <input type="checkbox"/> Stereotactic Body Radiation Therapy (SBRT) <input type="checkbox"/> Other: _____
<i>Continued on the next page</i>		

Site 1

What is the treatment delivery code for the first metastatic lesion?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 77373 | <input type="checkbox"/> 77522 |
| <input type="checkbox"/> 77402 | <input type="checkbox"/> 77523 |
| <input type="checkbox"/> 77407 | <input type="checkbox"/> 77525 |
| <input type="checkbox"/> 77412 | <input type="checkbox"/> Other*: _____ |
| <input type="checkbox"/> 77520 | |
- *See table below for complete list of treatment delivery codes*

Input the number of units of the requested treatment delivery code: _____

Site 2

What is the location of the second metastatic lesion being treated?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Bone: _____ | <input type="checkbox"/> Liver |
| <input type="checkbox"/> Spine: _____ | <input type="checkbox"/> Adrenal gland |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Other Non-Bone: _____ |

If applicable, select the treatment technique for the second metastatic lesion:

- | | |
|---|---|
| <input type="checkbox"/> Conventional Isodose Planning, Complex | <input type="checkbox"/> Helical IMRT (e.g.Tomotherapy) |
| <input type="checkbox"/> Electron Beam Therapy | <input type="checkbox"/> Proton Beam Therapy |
| <input type="checkbox"/> 3D Conformal Radiation Therapy (3DCRT) | <input type="checkbox"/> Stereotactic Body Radiation Therapy (SBRT) |
| <input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Rotational Arc Therapy/Volumetric Modulated Arc Therapy (VMAT) | |

Please enter the treatment delivery code for this metastatic lesion:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 77373 | <input type="checkbox"/> 77522 |
| <input type="checkbox"/> 77402 | <input type="checkbox"/> 77523 |
| <input type="checkbox"/> 77407 | <input type="checkbox"/> 77525 |
| <input type="checkbox"/> 77412 | <input type="checkbox"/> Other*: _____ |
| <input type="checkbox"/> 77520 | |
- *See table below for complete list of treatment delivery codes*

Input the number of units of the requested treatment delivery code: _____

Site 3

What is the location of the third metastatic lesion being treated?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Bone: _____ | <input type="checkbox"/> Liver |
| <input type="checkbox"/> Spine: _____ | <input type="checkbox"/> Adrenal gland |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Other Non-Bone: _____ |

If applicable, select the treatment technique for the third metastatic lesion:

- | | |
|---|---|
| <input type="checkbox"/> Conventional Isodose Planning, Complex | <input type="checkbox"/> Helical IMRT (e.g.Tomotherapy) |
| <input type="checkbox"/> Electron Beam Therapy | <input type="checkbox"/> Proton Beam Therapy |
| <input type="checkbox"/> 3D Conformal Radiation Therapy (3DCRT) | <input type="checkbox"/> Stereotactic Body Radiation Therapy (SBRT) |
| <input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Rotational Arc Therapy/Volumetric Modulated Arc Therapy (VMAT) | |

Continued on the next page

Clinical Information

Site 3

Please enter the treatment delivery code for this site:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 77373 | <input type="checkbox"/> 77522 |
| <input type="checkbox"/> 77402 | <input type="checkbox"/> 77523 |
| <input type="checkbox"/> 77407 | <input type="checkbox"/> 77525 |
| <input type="checkbox"/> 77412 | <input type="checkbox"/> Other*: _____ |
| <input type="checkbox"/> 77520 | |
- *See table below for complete list of treatment delivery codes*

Input the number of units of the requested treatment delivery code: _____

Site 4

What is the location of the fourth metastatic lesion being treated?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Bone: _____ | <input type="checkbox"/> Liver |
| <input type="checkbox"/> Spine: _____ | <input type="checkbox"/> Adrenal gland |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Other Non-Bone: _____ |

If applicable, select the treatment technique for the fourth site:

- | | |
|---|---|
| <input type="checkbox"/> Conventional Isodose Planning, Complex | <input type="checkbox"/> Helical IMRT (e.g.Tomotherapy) |
| <input type="checkbox"/> Electron Beam Therapy | <input type="checkbox"/> Proton Beam Therapy |
| <input type="checkbox"/> 3D Conformal Radiation Therapy (3DCRT) | <input type="checkbox"/> Stereotactic Body Radiation Therapy (SBRT) |
| <input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Rotational Arc Therapy/Volumetric Modulated Arc Therapy (VMAT) | |

Please enter the treatment delivery code for this site:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 77373 | <input type="checkbox"/> 77522 |
| <input type="checkbox"/> 77402 | <input type="checkbox"/> 77523 |
| <input type="checkbox"/> 77407 | <input type="checkbox"/> 77525 |
| <input type="checkbox"/> 77412 | <input type="checkbox"/> Other*: _____ |
| <input type="checkbox"/> 77520 | |
- *See table below for complete list of treatment delivery codes*

Input the number of units of the requested treatment delivery code: _____

Will treatment to the metastatic lesions be delivered concurrently? Yes No

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:

Treatment Delivery Codes

77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77402	Radiation treatment delivery; Level 1 (eg, single-electron field, multiple-electron fields, or 2D photons), including imaging guidance, when performed
77407	Radiation treatment delivery; Level 2, single-isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed
77412	Radiation treatment delivery; Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) or a single-isocenter photon therapy (eg, 3D or IMRT) with active motion management, or total skin electrons, or mixed-electron/photon field(s), including imaging guidance, when performed
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session
77425	Intraoperative radiation treatment delivery, electrons, single treatment session
77437	Surface radiation therapy, superficial, delivery, <=150 kV, per fraction (eg, electronic brachytherapy)
77438	Surface radiation therapy, orthovoltage, delivery, >150-500 kV, per fraction
77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple, with compensation
77523	Proton treatment delivery; intermediate
77525	Proton treatment delivery; complex
77600	Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)
77605	Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)
77610	Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators
77615	Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators
77620	Hyperthermia generated by intracavitary probe(s)
77761	Intracavitary radiation source application; simple
77762	Intracavitary radiation source application; intermediate
77763	Intracavitary radiation source application; complex

Treatment Delivery Codes

77767	HDR radionuclide skin surface brachytherapy; lesion diameter up to 2.0 cm or 1 channel
77768	HDR radionuclide skin surface brachytherapy; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
77770	HDR radionuclide interstitial or intracavitary brachytherapy; 1 channel
77771	HDR radionuclide rate interstitial or intracavitary brachytherapy; 2 to 12 channels
77772	HDR radionuclide interstitial or intracavitary brachytherapy; over 12 channels
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source when performed
77789	Surface application of low dose rate radionuclide source
79005	Radiopharmaceutical therapy, by oral administration; used for I-131 treatment
79101	Radiopharmaceutical, therapy, by intravenous administration
0395T	HDR electronic brachytherapy, interstitial or intracavitary treatment, per fraction
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia
C2616	Brachytherapy source, nonstranded, yttrium-90, per source
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate
G0563	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres