EviCore
By EVERNORTH

Radiation Therapy Gastric (Stomach) 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)*?

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

What is the clinical T-stage? ☐ T0 ☐ Tis ☐ T1 ☐ T2 ☐ T3 ☐ T4 ☐ TX ☐ Other: _____

What is the clinical N-stage? ☐ N0 ☐ N1 ☐ N2 ☐ N3 ☐ NX ☐ Other: _____

What is the treatment intent?

- ☐ Curative, Pre-operative (neo-adjuvant)
- ☐ Curative, Post-operative (adjuvant)
- ☐ Curative, No surgery planned or performed
- ☐ Curative, Treatment of the primary in an oligometastatic setting
- ☐ Locoregional recurrence
- ☐ Palliative (non-curative, to alleviate symptoms)
- ☐ Other: _____

Phase 1

Select the treatment technique for the first phase:

- ☐ Conventional Isodose Planning, Complex
- ☐ 3D Conformal Radiation Therapy (3DCRT)
- ☐ Intensity Modulated Radiation Therapy (IMRT)
- ☐ Rotational Arc Therapy/Volumetric Modulated Arc Therapy (VMAT)
- ☐ Helical IMRT (e.g.Tomotherapy)
- ☐ Stereotactic Body Radiation Therapy (SBRT)
- ☐ Proton Beam Therapy
- ☐ Other: _____

What is the treatment delivery code for the first phase?

- ☐ 77373
- ☐ 77402
- ☐ 77407
- ☐ 77412
- ☐ 77520
- ☐ 77522
- ☐ 77523
- ☐ 77525
- ☐ Other*: _____

**See table below for complete list of treatment delivery codes*

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

Continued on the next page

Clinical Information

Phase 2

If applicable, select the treatment technique for the second phase (i.e. boost or cone-down):

- ☐ Conventional Isodose Planning, Complex
- ☐ 3D Conformal Radiation Therapy (3DCRT)
- ☐ Intensity Modulated Radiation Therapy (IMRT)
- ☐ Rotational Arc Therapy/Volumetric Modulated Arc Therapy (VMAT)
- ☐ Helical IMRT (e.g.Tomotherapy)
- ☐ Proton Beam Therapy
- ☐ Stereotactic Body Radiation Therapy (SBRT)
- ☐ Other: _____

Please enter the treatment delivery code for this phase:

- ☐ 77373
- ☐ 77402
- ☐ 77407
- ☐ 77412
- ☐ 77520
- ☐ 77522
- ☐ 77523
- ☐ 77525
- ☐ Other*: _____

**See table below for complete list of treatment delivery codes*

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

Phase 3

If applicable, select the treatment technique for the third phase (i.e. boost or cone-down):

- ☐ Conventional Isodose Planning, Complex
- ☐ 3D Conformal Radiation Therapy (3DCRT)
- ☐ Intensity Modulated Radiation Therapy (IMRT)
- ☐ Rotational Arc Therapy/Volumetric Modulated Arc Therapy (VMAT)
- ☐ Helical IMRT (e.g.Tomotherapy)
- ☐ Proton Beam Therapy
- ☐ Stereotactic Body Radiation Therapy (SBRT)
- ☐ Other: _____

Please enter the treatment delivery code for this phase:

- ☐ 77373
- ☐ 77402
- ☐ 77407
- ☐ 77412
- ☐ 77520
- ☐ 77522
- ☐ 77523
- ☐ 77525
- ☐ Other*: _____

**See table below for complete list of treatment delivery codes*

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

Will the patient be receiving concurrent chemotherapy? ☐ Yes ☐ No ☐ Unknown

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