

Patient name: _____ DOB: _____ Member ID: _____

Place of service (facility): _____

Facility address: _____

Facility phone: _____ Facility fax: _____ Facility NPI #: _____

Requesting physician: _____

Physician address: _____

Physician phone: _____ Physician fax: _____ Physician NPI #: _____

Date of service: _____

DX (ICD-10): _____ Primary diagnosis: _____

CPT code: _____ Primary procedure: _____

Number of visits: _____ Start date: _____ End date: _____

Notification #: _____

☐ Prostate cancer

☐ Localized prostate cancer for dose escalation greater than 75Gy

☐ Post-prostatectomy for dose escalation greater than or equal to 66 Gy (check all that apply)

☐ PSA remains detectable at 6 months after surgery

☐ PSA is detectable and increases on two or more lab determinations

☐ Individual has post-operative stage T3b to T4

☐ Other (please list) _____

☐ Head and neck cancer

☐ Oral cavity, lips, or pharynx (oropharynx, hypopharynx, or nasopharynx)

☐ Larynx cancer (stage I and II)

☐ Larynx cancer (stage III or IV)

☐ Nasal cavity or paranasal sinuses

☐ Mucosal melanoma arising in the head and neck region

☐ Occult primary arising in the head and neck region

☐ Tracheal

☐ Esophageal (cervical esophagus)

☐ Lymphoma arising in the head and neck region

☐ Thyroid cancer

☐ Anaplastic thyroid cancer

☐ Papillary

☐ Follicular

☐ Other thyroid cancer

☐ CNS lesions (check all that apply): ☐ Close proximity to optic nerve ☐ Close proximity to brain stem

☐ Pediatric tumor (e.g. Ewing's sarcoma, Wilms tumor)

☐ Squamous cell carcinoma of the anus

___ **Primary malignant gynecologic tumors (uterus, cervix, ovary, fallopian tube)** (check all that apply):

- ___ Dosimetric planning predicts the volume of small intestine receiving doses greater than 45 Gy with standard 3D conformal treatment would result in unacceptable risk of small intestine injury (V45 greater than 10% or V49 greater than 5%)
- ___ Other (please list) _____

___ **Primary pelvic sarcoma** (check all that apply):

- ___ Dosimetric planning predicts the volume of small intestine receiving doses greater than 45 Gy with standard 3D conformal treatment would result in unacceptable risk of small intestine injury (V45 greater than 10% or V49 greater than 5%)
- ___ Other (please list) _____

___ **Locally advanced rectal adenocarcinoma** (check all that apply):

- ___ Dosimetric planning predicts the volume of small intestine receiving doses greater than 45 Gy with standard 3D conformal treatment would result in unacceptable risk of small intestine injury (V45 greater than 10% or V49 greater than 5%)
- ___ Other (please list) _____
- ___ Individual who requires repeat irradiation of a field that has received prior irradiation

___ **Breast cancer** (check all that apply):

- ___ Individual with left-sided breast lesions
- ___ Target volume coverage results in cardiac radiation exposure that is expected to be greater than or equal to 25 Gy to 10cc or more of the heart (V25 Gy greater than or equal to 10cc) with 3D conformal RT despite the use of a complex positioning device to move the heart away from the chest wall
- ___ With the use of IMRT, there is a reduction in the absolute heart volume receiving 25 Gy or higher by at least 20% (e.g., volume predicted to receive 25 Gy by 3D RT is 20cc and volume predicted by IMRT is 16 cc or less)
- ___ Individual with large breasts with the treatment planning with 3D conformal results in hot spots (focal regions with dose variation greater than 10% of target) and the hot spots are able to be avoided with IMRT
- ___ Other (please list) _____

___ **Lung cancer** (check all that apply):

- ___ Individual with primary lung cancer where radiation is to be used for curative intent
- ___ Percent of normal lung receiving more than 20 Gy (V20%) accounts for more than 35% of the normal lung, defined as the total lung volume minus the planning target volume (PTV)
- ___ The IMRT plan will reduce the V20% to at least 10% below the V20% that is achieved with the 3D conformal plan (e.g., from 40% down to 30% or lower)

There is documentation that the treatment plan addresses tumor motion that is both accounted for and managed, such as (check all that apply):

- ___ A 4D planning CT scan was performed and the primary tumor and included lymph nodes were observed to move less than 1 cm, and this degree of motion was included in the planning tumor volume
- ___ A 4D planning CT scan was performed and respiratory gating will be employed to minimize the risk of inadequate coverage
- ___ Other (please list) _____

___ **Abdominal cancer**

___ **Cancer of unknown primary**

___ **Other** (specify) _____

This request is being submitted: ___ Pre-claim ___ Post-claim

If post-claim, please attach the claim or indicate the claim number: _____

Signature: _____ **Date:** _____

Print name: _____ **Phone:** _____

After completing this form and obtaining the necessary clinical information, please fax to 888-223-0550.