Radiation Therapy, Intensity Modulated (IMRT) Prior Authorization Form

ASPIRUS HEALTH PLAN

This form must be completed by a person with thorough clinical knowledge of the member's current clinical presentation and his/her clinical evaluation history. **Clinical documentation supporting the medical necessity of this request is required.** For more information, refer to the clinical policy document MC/L009 Radiation Therapy, Intensity Modulated (IMRT) located at https://www.aspirushealthplan.com. Please contact Customer Service at 866.631.5404 if there are questions.

Return completed form and clinical documentation to: Aspirus Health Plan, Attn: Integrated Health Services, PO Box 1062, Minneapolis, MN 55440 or Fax to 763.847.4014.

PATIENT INFORMATION

Patient Last Name	Patient First Name	Member ID	Patient Date of Birth

Date of Service	ICD 10 Diagnosis	Procedure Code(s)	Number of Fractions

ORDERING PROVIDER INFORMATION

Ordering Provider Name	Ordering Provider Signature		NPI

Clinic Name	Clinic Phone Number	Clinic Fax Number	NPI

Clinic Address	City	State	Zip Code

SERVICING PROVIDER INFORMATION

Servicing Provider Name			NPI

Facility Name	Facility Phone Number	Facility Fax Number	NPI

Facility Address	City	State	Zip Code

Request for IMRT for any of the following conditions: *check all that apply*

- ☐ Anus or anal canal cancer
- ☐ Breast cancer – any of the following:
  - ☐ Treatment of left-sided internal mammary nodes
  - ☐ Partial breast irradiation of up to 5 fractions
- ☐ Central nervous system (CNS) tumors (primary or benign) including the brain, brain stem, and spinal cord
- ☐ Cervical cancer
- ☐ Endometrial cancer
- ☐ Esophageal cancer
- ☐ Gastroesophageal junction (Siewert III tumors)
- ☐ Head and neck cancer, including lymphoma and solitary plasmacytomas - Treatment includes the following areas (check all that apply):
  - ☐ Pharynx (nasopharynx, oropharynx, hypopharynx)
  - ☐ Larynx cancer (stage III or IV glottic cancer)
  - ☐ Salivary glands
  - ☐ Oral cavity (includes tongue)
  - ☐ Nasal cavity
  - ☐ Paranasal sinuses
- ☐ Mediastinal tumors (eg, lymphomas, thyomas, including tracheal cancer)
- ☐ Pancreatic cancer
- ☐ Prostate cancer

Request for IMRT for a condition not listed above – must meet any of the following:
Check all that apply; Include treatment plan comparison documentation of IMRT and non-IMRT technique

- ☐ A non-IMRT technique would increase the probability of clinically meaningful normal tissue toxicity (e.g., as specified by the Radiation Therapy Oncology Group (RTOG) or QUANTEC guidelines) and demonstrated on a comparison of treatment plans for the IMRT and non-IMRT technique (e.g., three-dimensional conformal treatment plan).
- ☐ The same or immediately adjacent area has been previously irradiated, and the dose distribution within the individual must be sculpted to avoid exceeding the cumulative tolerance dose of nearby tissue.