

# Radiation Therapy, Intensity Modulated (IMRT) Prior Authorization Form



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 1890 Southampton PA 18966 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, thymomas, 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.