



## Intensity Modulated Radiation Therapy- IMRT Fax Form

### PRIOR REVIEW- Request for Services Form

Updated June 2024

*Submission of this form is only a request for services and does not guarantee approval. Incomplete forms may delay processing. All NC Providers must provide their 5-digit Blue Cross Blue Shield of North Carolina (Blue Cross NC) provider ID# below.*

| Date of Request | Patient Name | Patient Blue Cross NC ID Number | Patient Date of Birth |
|-----------------|--------------|---------------------------------|-----------------------|
|                 |              |                                 |                       |

| Admitting/Ordering Provider Information |  | Servicing/Billing Provider or Facility  |  |
|---|--|---|--|
| Provider Name                           |  | Provider/Facility Name                  |  |
| Provider #, Tax ID # or NPI             |  | Provider or Facility #, Tax ID # or NPI |  |
| Street, Bldg., Suite #                  |  | Street, Bldg., Suite #                  |  |
| City/State/Zip code                     |  | City/State/Zip code                     |  |
| Phone #                                 |  | Phone #                                 |  |
| Fax #                                   |  | Fax #                                   |  |
| Contact Name:                           |  | Contact Name:                           |  |

|                         |  |                                     |  |
|-------------------------|--|-------------------------------------|--|
| ICD-10 Diagnosis Codes: |  |                                     |  |
| Requested CPT Code(s):  | <input type="checkbox"/> 77385 <input type="checkbox"/> 77386                | Number of Fractions being requested |  |
| Place of Service:       | Office <input type="checkbox"/> Outpatient hospital <input type="checkbox"/> |                                     |  |
| Dates of Service:       |  |                                     |  |

**Please complete the following section for all patients based on diagnosis**

|                              |   |
|------------------------------|---|
| <b>Head and Neck Cancers</b> | <p>Is IMRT being prescribed to treat a patient with epithelial head, neck or cervical esophageal cancer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Location and cell type: _____</p> <p>Is IMRT being prescribed for treatment of thyroid cancer, locally advanced skin cancer with regional lymph node metastases, lymphomas or sarcomas in close proximity to organs at risk (esophagus, salivary glands, and spinal cord).? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|------------------------------|---|

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|  |   |
|--|---|
| <b>Prostate Cancer</b>                       | <p><u>Definitive Therapy:</u></p> <ol style="list-style-type: none"> <li>Is IMRT being prescribed for localized or locally advanced prostate cancer who will receive definitive dose escalated external beam radiation therapy?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>Is IMRT being prescribed to a patient with low metastatic burden prostate cancer, who will receive definitive radiation to the prostate?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ol> <p><u>Post-prostatectomy:</u></p> <ol style="list-style-type: none"> <li><b>Adjuvant</b><br/>Is the patient status-post prostatectomy and at high risk for recurrence due to extracapsular extension, pathologic T3 disease, seminal vesical invasion, positive margins &amp;/or positive nodes, who will receive adjuvant (post-op) radiation therapy at a prescribed dose of 64-72 Gy?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li><b>Salvage</b><br/>Is the patient status-post prostatectomy with evidence of local or biochemical recurrence without evidence of distant metastatic disease, who will be receiving salvage radiation therapy at a prescribed dose of 64-72Gy?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ol> |
| <b>Cancers of the Central Nervous System</b> | <p>Is IMRT is being prescribed treatment of a tumor of the central nervous system?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Location and cell type: _____</p>  |
| <b>Sarcoma of the Extremities</b>            | <p>Is IMRT being used for soft tissue sarcoma of the extremities? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Check applicable criteria from list below:</i></p> <ol style="list-style-type: none"> <li>Does 3D conformal planning result in <math>\geq 25\%</math> of the full circumference of the femur or humerus cortex receiving <math>\geq 40\text{Gy}</math>?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>Does IMRT result in a reduction in the absolute percent of the circumference of the bone receiving <math>\geq 40\text{Gy}</math> of at least 15% (e.g. from 40% to 25% of the bone's circumference)? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>Does 3D conformal planning result in <math>\geq 25\%</math> of the joint spaces (e.g. shoulder, elbow, wrist, hip, knee, ankle) receiving <math>\geq 35\text{Gy}</math>?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>Does IMRT result in a reduction in the absolute percent of the joint space receiving <math>\geq 35\text{Gy}</math> of at least 15% (e.g. from 40% to 25% of the joint space)?<br/>Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ol>  |
| <b>Other Chest Cancers</b>                   | <p>Is IMRT is being requested for a patient with lung cancer, thoracic esophageal cancer, cancer of the gastroesophageal junction, thoracic lymphoma, or sarcoma? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Location and cell type: _____</p>   |

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|              |                                 |                       |

**Breast Cancer**

- Treatment to the whole left breast for left-sided breast cancer after breast conserving surgery:
  1. Can cardiac toxicity be avoided by alternative radiation techniques?  
Yes  No
  2. Does IMRT dosimetry for a set of beams beyond traditional "opposed tangents" demonstrate reduced cardiac toxicity?  
Yes  No
  
- Patients with large breast volume:
  1. Does treatment planning with 3D conformal, including the use of wedges and field-in-field techniques, and the use of higher photon energies (e.g., 10-16 MV), result in hot spots (focal regions with dose variation greater than 10% of target)?  
Yes  No   
 If yes, please list techniques used:
    - Wedges/Field-in-field techniques
    - Higher photon energies
    - Other \_\_\_\_\_
  2. Are the hot spots able to be avoided by adding additional beam orientations (i.e., beyond tangents) with IMRT?  
Yes  No
  
- Patients with recurrent tumors that have been previously irradiated, with or without an intact breast:
  1. Does treatment planning with 3D conformal (including the use of wedges and field-in-field techniques, and the use of higher photon energies (e.g., 10-16 MV) result in unsafe doses to the lung, heart or other adjacent structures? Yes  No   
 If yes, please list techniques used:
    - Wedges/Field-in-field techniques
    - Higher photon energies
    - Other \_\_\_\_\_
  2. Does IMRT dosimetry for a set of beams beyond traditional "opposed tangents" (with or without a separate field directed to the medial chest wall) demonstrates reduced risk of toxicity to those adjacent structures? Yes  No
  
- For members with target tissues that include the far medial chest wall, internal mammary nodal area or sternum, with or without an intact breast:
  1. Does treatment planning with 3D conformal (including the use of wedges and field-in-field techniques, and the use of higher photon energies (e.g., 10-16 MV) result in unsafe doses to the lung, heart or other adjacent structures? Yes  No   
 If yes, please list techniques used:
    - Wedges/Field-in-field techniques
    - Higher photon energies
    - Other \_\_\_\_\_
  2. Does IMRT dosimetry for a set of beams with orientations beyond traditional "opposed tangents" (with or without a separate field directed to the medial chest wall) demonstrate reduced risk of toxicity to those adjacent structures? Yes  No
  
- IMRT is being requested as a technique of partial breast irradiation after breast conserving surgery when it has been determined that use of 3D conformal radiation would result in unacceptable toxicity.

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**Cancers of the Abdomen and Pelvis**

1. Is IMRT being prescribed for a patient with cancer of the anus/anal canal?  
Yes  No  **If yes, stop here. If no, continue to answer remaining questions.**
  
2. For IMRT for the treatment of other cancers of the abdomen and pelvis:  
Does dosimetric planning with standard 3-D conformal radiation dose to an adjacent organ result in unacceptable normal tissue toxicity?  
Yes  No
  
- Does dosimetric planning with IMRT predict that the radiation dose to an adjacent organ would result in normal tissue tolerance?  
Yes  No
  
- Choose applicable clinical conditions:
  - Treatment to a site that abuts or overlaps with a previously irradiated site
  - Patient has a history of:
    - Crohn's disease
    - Ulcerative colitis
    - Previous bowel obstruction
    - Unilateral or bilateral hip prosthesis
    - Hysterectomy
  - Gynecological or gastrointestinal cancer
  - Vaginal, vulvar, endometrial, or cervical cancer, when treatment plan includes inguinal and/or pelvic nodes
  - Muscle-invasive bladder cancer, as part of definitive bladder preserving therapy when the treatment plan includes pelvic nodes
  - Lymphoma involving aortic/periaortic nodes
  - Retroperitoneal sarcomas of the abdominal cavity

By signing below, I certify that I have appropriate authority to request prior authorization and certification for the item(s) indicated on this request and that the patient's medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time to verify this information. I further understand that if Blue Cross NC determines this information is not reflected in the patient's medical records, Blue Cross NC may request a refund of any payments made and/or pursue any other remedies available. Finally, I certify that I've completed this form in its entirety, and I understand that an incomplete form may delay processing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax this form with required documentation to the appropriate fax number below:

| Department     | Fax Number   |
|----------------|--------------|
| PPA Commercial | 800.228.0838 |

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