BlueCross BlueShield of North Carolina

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):	☐ 77385 ☐ 77386	**Number of Fractions being requested**	
Place of Service:	Office ☐ Outpatient hospital ☐		
Dates of Service:			

Please complete the following section for all patients based on diagnosis

Head and Neck Cancers	Is IMRT being prescribed to treat a patient with epithelial head, neck or cervical esophageal cancer? Yes ☐ No ☐ Location and cell type: _____ 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 ☐ No ☐

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Prostate Cancer	Definitive Therapy: 1. Is IMRT being prescribed for localized or locally advanced prostate cancer who will receive definitive dose escalated external beam radiation therapy? Yes ☐ No ☐ 2. Is IMRT being prescribed to a patient with low metastatic burden prostate cancer, who will receive definitive radiation to the prostate? Yes ☐ No ☐ Post-prostatectomy: **1. Adjuvant** Is the patient status-post prostatectomy and at high risk for recurrence due to extracapsular extension, pathologic T3 disease, seminal vesical invasion, positive margins &/or positive nodes, who will receive adjuvant (post-op) radiation therapy at a prescribed dose of 64-72 Gy? Yes ☐ No ☐ **2. Salvage** 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? Yes ☐ No ☐
Cancers of the Central Nervous System	Is IMRT is being prescribed treatment of a tumor of the central nervous system? Yes ☐ No ☐ Location and cell type: _____
Sarcoma of the Extremities	Is IMRT being used for soft tissue sarcoma of the extremities? Yes ☐ No ☐ *Check applicable criteria from list below:* 1. Does 3D conformal planning result in >=25% of the full circumference of the femur or humerus cortex receiving >=40Gy? Yes ☐ No ☐ 2. Does IMRT result in a reduction in the absolute percent of the circumference of the bone receiving >=40Gy of at least 15% (e.g. from 40% to 25% of the bone's circumference)? Yes ☐ No ☐ 3. Does 3D conformal planning result in >=25% of the joint spaces (e.g. shoulder, elbow, wrist, hip, knee, ankle) receiving >=35Gy? Yes ☐ No ☐ 4. Does IMRT result in a reduction in the absolute percent of the joint space receiving >=35Gy of at least 15% (e.g. from 40% to 25% of the joint space)? Yes ☐ No ☐

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Other Chest Cancers	Is IMRT is being requested for a patient with lung cancer, thoracic esophageal cancer, cancer of the gastroesophageal junction, thoracic lymphoma, or sarcoma? Yes ☐ No ☐ Location and cell type: _____

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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 requested for the curative treatment of one of the conditions listed below? Yes ☐ No ☐ If yes, 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 ☐ Hepatobiliary cancer ☐ Gastric cancer ☐ Pancreatic cancer ☐ Rectal cancer 1) in the postoperative setting OR 2) when treating the external iliac or inguinal lymph nodes ☐ Anal canal cancer ☐ Cancers of the adrenal gland, renal pelvis, ureter, bladder, urethra, and penis ☐ Endometrial cancer ☐ Cervical cancer ☐ Vaginal cancer ☐ Vulvar cancer ☐ Lymphoma involving aortic/periaortic nodes ☐ Intra-abdominal sarcomas including retroperitoneal sarcomas 2. For IMRT for the treatment of all other cancers not described above: Does dosimetric planning with standard 3-D conformal radiation dose to an adjacent organ result in unacceptable normal tissue toxicity? Yes ☐ No ☐ Location and cell type: _____

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

FAX FORM