Regence

Intensity Modulated Radiotherapy (IMRT) Pre-authorization Request Supplement Form

For Administrative Services Only (ASO) Members:
Fax to: 1-844-679-7763, or submit via the Electronic Authorization Workflow
Mail to: PO Box 1106, Lewiston, ID 83501-1106

For Commercial and Individual Members: Fax to: 1-855-232-0085, or submit via the Electronic Authorization Workflow
Mail to: PO Box 1106, Lewiston, ID 83501-1106

Intensity Modulated Radiotherapy (IMRT) requires prior authorization. To streamline the prior authorization process, several indications do not require a dose-volume histogram analysis (see Table 1 and 2).

Prior authorization can be requested using the Availity electronic authorization tool. The tool will automatically route you to MCG Health's website where you can document specific clinical criteria for your patient. If all criteria are met, you will see the approval on the Auth/Referral Dashboard soon after you click submit.

Table 1: No dose/volume histogram analysis needed

Policy criteria are met = No dose/volume histogram analysis required

• Intensity Modulated Radiotherapy (IMRT) of the Central Nervous System (CNS), Head, Neck, and Thyroid, Medicine, Policy No. 164
• Intensity Modulated Radiotherapy (IMRT) of the Thorax, Abdomen, Pelvis, and Extremities, Medicine, Policy No. 165
• Intensity Modulated Radiotherapy (IMRT) for Breast Cancer, Medicine, Policy No. 166 only for the following:
  ○ Accelerated partial breast irradiation (APBI)
  ○ Prior radiation to the planned target volume

It is sufficient to provide physical/chart notes, relevant imaging, tumor type, and tumor location for review. *The policies listed above may receive auto-approval in the electronic authorization tool when policy criteria are met.*

Table 2: Dose/volume histogram analysis (in color) needed

Submit dose/volume histogram in color and summary analysis (see Section 4)
• Policy criteria from Table 1 above are not met • Intensity Modulated Radiotherapy (IMRT) for Breast Cancer, Medicine, Policy No. 166 • Intensity Modulated Radiotherapy (IMRT) for Tumors in Close Proximity to Organs at Risk, Medicine, Policy No. 167
For cases where IMRT is medically necessary to meet published dose/volume constraints for organs at-risk (see Medical Policy MED167) the table below (Section 4) is intended to aid the provider in submitting the prior authorization.

The sections below will help inform the prior authorization request and the clinical documentation needed. If any of these items are not provided, it could impact our review and decision outcome.

Instructions: This form should be filled out by the provider requesting IMRT services. Please complete all applicable fields and include with your IMRT prior authorization request.

SECTION 1 – PATIENT INFORMATION

Patient Name (Last):	(First):	(MI):	Date of Birth	Patient's Member ID Number:	Group Number:
			MM/DD/YYYY		

SECTION 2 – PROVIDER INFORMATION

Provider Name:	Phone Number:	Confidential Voice Mail:
		☐ Yes ☐ No

SECTION 3 – REQUEST INFORMATION

Select the relevant indication below:

Thorax, Abdomen, Pelvis, and Extremities	**CNS, Head, Neck, and Thyroid**	**Breast Cancer**
No dose-volume histogram analysis needed for the following indications (do not complete Section 4 below):		
☐ Prior radiation to the planned target volume; or ☐ Curative treatment for one of the following indications: ☐ Esophageal and gastroesophageal junction cancer ☐ Lung cancer including non-small cell or small cell ☐ Pleural mesothelioma ☐ Thymic carcinoma ☐ Thymoma ☐ Treatment of soft tissue sarcoma; see Medical Policy Criteria ☐ Primary, adjuvant, or salvage treatment of pancreatic cancer ☐ Treatment of cervical cancer post-hysterectomy or unresectable cervical cancer ☐ Treatment of vulvar or vaginal cancer ☐ Primary treatment of local (clinical or pathological T1, T2, N0, M0) or locally advanced (clinical or pathological T3, T4, N0, N1, M0) prostate cancer; or ☐ Low metastatic burden prostate cancer (5 or fewer bone metastases, no lymph node involvement outside the pelvic lymph nodes, and no visceral metastasis) when planned target volume includes all oligometastatic foci; or ☐ Adjuvant or salvage prostate cancer post radical prostatectomy (see additional policy criteria); or ☐ Cancer of the anus/anal canal.	☐ Prior radiation to the planned target volume; or ☐ Definitive radiotherapy for pediatric (less than 21 years of age) central nervous system (CNS) tumor; or ☐ Hippocampal-avoiding treatment for brain metastases and both of the following: ☐ Metastases are outside a 5mm margin around the hippocampi, and ☐ Clinical documentation that expected survival is >4 months ☐ Primary or recurrent cancer arising from the oral cavity and lip, larynx, hypopharynx, oropharynx, nasopharynx, paranasal sinuses nasal cavity, salivary glands, and soft tissue sarcomas, unusual histologies or occult primaries in the head and neck region; or ☐ Lymphomas in the head and neck region (excluding follicular and malt and marginal zone lymphomas); or ☐ Thyroid cancer for any of the following: ☐ Locoregional recurrence; or ☐ Anaplastic thyroid cancer; or ☐ Node positive or node-recurrent; or ☐ There is documentation of muscle invasion.	☐ Prior radiation to the planned target volume ☐ Accelerated partial breast irradiation (APBI) *For all other indications, please complete Section 4 below.*
☐ **Please complete Section 4 below when any of the policy criteria above are not met and tumor is in close proximity to organs at risk:**		

SECTION 4 – INTENSITY MODULATED RADIOTHERAPY DOSE-VOLUME HISTOGRAM IN COLOR AND SUMMARY ANALYSIS

Summary analysis of 3D vs IMRT planning and color dose-volume histogram are required for certain tumors in close proximity to organs at risk as indicated in Section 3 above.

Organ(s) At Risk	Dose Constraint	Source of Constraint	Result with 3D	Result with IMRT	Can constraint *only* be met with IMRT?
Example: *Brachial plexus*	*Max <66 Gy*	*RTOG*	*58 Gy*	*52 Gy*	*No (both meet constraint)*
Example: *Cauda equina*	*Max < 16 Gy*	*RTOG #6301*	*19Gy*	*17 Gy*	*No (neither meets constraint)*
Example: *Brain stem*	*Max <54 Gy*	*Quantec*	*62 Gy*	*53 Gy*	*Yes (only IMRT meets constraint)*