

**Review Request for  
Intensity Modulated Radiation Therapy (IMRT)**

Please fax the completed form to **1-800-823-5520**.

If you have questions, call **1-866-902-1689** during regular business hours.

**Provider Data Collection Tool Based on Medical Policy RAD.00041**



<b>Policy Last Review Date: 08/27/2009</b>		<b>Policy Effective Date: 10/21/2009</b>		<b>Provider Tool Effective Date: 01/27/2010</b>	
Member Name:			Date of Birth:		
Insurance Identification Number:			Member Phone Number:		
Ordering Provider Name and Specialty:			Provider ID Number:		
Office Address:					
Office Phone Number:			Office Fax Number:		
Rendering Provider Name and Specialty:			Provider ID Number:		
Office Address:					
Office Phone Number:			Office Fax Number:		
Facility Name:			Facility ID Number:		
Facility Address:					
Date/Date Range of Service:			Place of Service: <input type="checkbox"/> Home <input type="checkbox"/> Inpatient		
Service Requested (CPT if known):			<input type="checkbox"/> Outpatient <input type="checkbox"/> Other: _____		
Diagnosis (ICD-9) if known:					

**Please check all that apply to the member:**

- Request is for Intensity Modulated Radiation Therapy (IMRT) for: (check all that apply):
  - Prostate cancer
    - Localized
    - Requires dose escalation > 75 Gy
  - Head and neck cancer
  - Early stage larynx cancer (Stage I and II)
  - Anaplastic thyroid cancer
  - CNS lesions (check all that apply)
    - Close proximity to optic nerve
    - Close proximity to brain stem
  - Pediatric tumor (e.g., Ewing’s sarcoma, Wilm’s tumor)
  - Squamous cell carcinoma of the anus

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- Gynecologic tumors (uterus, cervix, ovary, fallopian tube) (check all that apply):
  - Primary
  - Secondary
  - Benign
  - Malignant
  - Dosimetric planning predicts the volume of small intestine receiving doses > 45 Gy would result in unacceptable risk of small intestine injury (V45 > 10% **or** V49 > 5%)
- Pelvic sarcoma
  - Dosimetric planning predicts the volume of small intestine receiving doses > 45 Gy would result in unacceptable risk of small intestine injury (V45 > 10% **or** V49 > 5%)
- Advanced rectal adenocarcinoma
  - Dosimetric planning predicts the volume of small intestine receiving doses > 45 Gy would result in unacceptable risk of small intestine injury (V45 > 10% **or** V49 > 5%)
- Lung cancer
- Breast cancer
- Abdominal cancer
- Cancer of unknown primary
- Members who require repeat irradiation of a field that includes the spinal cord
- Same region of the spinal cord was exposed to a cumulative dose of > 40 Gy during prior irradiation
- Other (Please list): \_\_\_\_\_

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This request is being submitted:

- Pre-Claim
- Post-Claim. If checked, please attach the claim or indicate the claim number: \_\_\_\_\_

I attest the information provided is true and accurate to the best of my knowledge. I understand that BlueChoice HealthPlan Medicaid may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

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Name and Title of Provider or Provider Representative  
Completing Form and Attestation (Please Print)\*

Date

**\* The attestation fields must be completed by a provider or provider representative in order for the tool to be accepted.**