

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, please refer to the clinical policy document MC/L009 Radiation Therapy, Intensity Modulated located at <https://www.preferredone.com/medical-policy/>.

Please email this form and clinical documentation to Intake@Preferredone.com or fax to (763) 847-4014.

Patient Name		Member ID #		DOB	
ICD 10 DX		Procedure Code(s)		Ordering Provider Signature	
Date of Service				Number of Fractions	
Ordering Provider First & Last Name				NPI #	
Clinic Name				NPI #	
Address				City	
Phone		Fax		State	Zip
Servicing Provider First & Last Name				NPI #	
Address				City	
Phone		Fax		State	Zip

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
- 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 (eg, 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 (eg, 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.