

## Intensity Modulated Radiotherapy Dose-Volume Histogram Summary Analysis Form

**For Administrative Services Only (ASO) Members:**

Fax to: 1 (844) 679-7763 or

Mail to: PO Box 2998, Tacoma, WA 98401-2998

**For Commercial and Individual Members:**

Fax to 1 (855) 232-0085 or

Mail to: PO Box 1271, WW5-53, Portland, OR 97207-1271

We require pre-authorization for Intensity Modulated Radiotherapy (IMRT). For preauthorization of IMRT for tumors in close proximity to organs at-risk, the table below is intended to aid the provider in demonstrating that only through IMRT can published dose/volume constraints be met (quality assurance procedures are not required for preauthorization).

The summary analysis table below will help inform the preauthorization request. Please ensure all components of the table are completed prior to submission including the comparative dose/volume histogram(s). If any of these items are not provided, it could impact our review and decision outcome.

<b>Instructions:</b> This form should be filled out by the provider requesting IMRT services. Please complete all applicable fields and include with your IMRT preauthorization request.				
<b>SECTION 1 – PATIENT INFORMATION</b>				
Patient Name (Last):			(First):	(MI):
Patient's Member ID Number:			Group Number:	Date of Birth (mm/dd/yyyy)
<b>SECTION 2 – PROVIDER INFORMATION</b>				
Provider Name:				
Phone Number:			Confidential Voice Mail:	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION 3 – INTENSITY MODULATED RADIOTHERAPY DOSE-VOLUME HISTOGRAM SUMMARY ANALYSIS</b>				
Summary Analysis of 3D vs IMRT Planning				
Organ(s) At Risk	Quantec Constraint	Result with 3D	Result with IMRT	Can constraint <i>only</i> be met with IMRT?
<i>Example: Small bowel</i>	<i>V45 &lt; 195cc</i>	<i>265cc</i>	<i>180cc</i>	<i>Yes</i>
<i>Example: Kidneys (bilateral)</i>	<i>Mean &lt; 18 Gy</i>	<i>24 Gy</i>	<i>20 Gy</i>	<i>No</i>