Other Cancer Type Radiation Therapy Worksheet (As of 29 January 2020)

For NON-URGENT requests, please complete this document for authorization along with any relevant clinical documentation requested within this document (i.e. radiation therapy consultation, comparison plan, etc.) before submitting the case by web, phone, or fax. Failure to provide all relevant information may delay the determination. Phone and fax numbers can be found on eviCore.com under the Guidelines and Fax Forms section. You may also log into the provider portal located on the site to submit an authorization request. URGENT (same day) requests must be submitted by phone.

First Name:	**Middle Initial:**	**Last Name:**
DOB (mm/dd/yyyy):	**Member ID:**	
What is the radiation therapy start date (mm/dd/yyyy)?	_____ /_____ /_____	

If your request is for Radiopharmaceuticals, please use the appropriate worksheet.

1. What is the primary diagnosis?

- ☐ Adrenal Cancer
- ☐ Anal Cancer
- ☐ Bile Duct Cancer
- ☐ Bladder Cancer
- ☐ Bone Metastases
- ☐ Brain Metastases
- ☐ Breast Cancer
- ☐ Cervical Cancer
- ☐ CNS Lymphoma
- ☐ CNS Neoplasm
- ☐ Endometrial Cancer
- ☐ Esophagus Cancer
- ☐ Gallbladder Cancer
- ☐ Gastric (Stomach) Cancer
- ☐ Head and Neck Cancer
- ☐ Hepatobiliary Cancer
- ☐ Hodgkin's Lymphoma
- ☐ Kidney Cancer
- ☐ Liver Cancer
- ☐ Lung Cancer – Non Small Cell
- ☐ Lung Cancer – Small Cell
- ☐ Multiple Myeloma
- ☐ Non-Cancerous Diagnosis
- ☐ Oligometastases
- ☐ Pancreatic Cancer
- ☐ Prostate Cancer
- ☐ Rectal Cancer
- ☐ Skin Cancer
- ☐ Soft Tissue Sarcoma
- ☐ Testicular Cancer
- ☐ Urethral and Ureteral Cancer
- ☐ Vulva Cancer
- ☐ Metastases (Non-Bone/Brain)
- ☐ Other

If Other was not selected, please stop and fill out the appropriate physician worksheet.

2. Please specify the primary diagnosis: _____

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3.	a. What is the patient's ECOG performance status?	☐ 0	Fully active, able to carry on all pre-disease performance without restriction.
		☐ 1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
		☐ 2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
		☐ 3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.
		☐ 4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
	b. If the ECOG status is due to the cancer, is the status expected to improve with radiation therapy treatment?	☐ Yes ☐ No	
4.	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	☐ Yes ☐ No	

If the diagnosis is brain or bone metastases, stop and use the brain or bone metastases worksheet.

5. a. What is the intent of treatment?

- ☐ Initial primary treatment
- ☐ Pre-operative radiation
- ☐ Post-operative radiation
- ☐ Palliation at primary site
- ☐ Isolated local recurrence at primary or adjacent site
- ☐ Palliation of metastatic site - *explain below in question #5b*
- ☐ Other - *explain below in question #5b*

b. If intent of treatment is "palliation of metastatic site" or "other", then use the space below to list the metastatic sites to be treated and to explain the treatment intent in further detail.

If treatment intent is "palliation at metastatic site", "palliation at primary site" or "other" (see question #5a), skip forward to question #9. Otherwise, continue forward to question #6

6. a. What is the clinical stage?

☐ T1 ☐ T2 ☐ T3 ☐ T4 ☐ Unknown

b. Nodes:

☐ N0 ☐ N1 ☐ N2 ☐ N3 ☐ Nx

7.	Is the area to be treated abutting or overlapping a previously irradiated area?	☐ Yes ☐ No
8.	Will the patient receive concurrent chemotherapy?	☐ Yes ☐ No

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9.	a. What is the treatment plan?	
	☐ External beam radiation therapy (EBRT) ☐ Selective internal radiation therapy (SIRT) ☐ Brachytherapy ☐ Brachytherapy and EBRT	
	b. If SIRT is the selected treatment plan, how many treatments will be used?	Treatments: _____

If "Selective internal radiation therapy (SIRT)" is the selected treatment plan, skip forward to question #12. Otherwise, continue forward to question #10

10. If EBRT is included in the treatment plan, then answer the following set of questions:

a. What is the EBRT technique?
Select a technique for each applicable phase, and fill in the number of fractions

Phase 1	Phase II	Phase III
☐ Complex (77307)	☐ Complex (77307)	☐ Complex (77307)
☐ 3D conformal	☐ 3D conformal	☐ 3D conformal
☐ Electrons	☐ Electrons	☐ Electrons
☐ Intensity modulated radiation therapy (IMRT)	☐ Intensity modulated radiation therapy (IMRT)	☐ Intensity modulated radiation therapy (IMRT)
☐ Rotational arc therapy	☐ Rotational arc therapy	☐ Rotational arc therapy
☐ Proton beam therapy	☐ Proton beam therapy	☐ Proton beam therapy
☐ Tomotherapy	☐ Tomotherapy	☐ Tomotherapy
☐ Stereotactic body radiation therapy (SBRT)	☐ Stereotactic body radiation therapy (SBRT)	☐ Stereotactic body radiation therapy (SBRT)
☐ Single Fraction Stereotactic radiosurgery (SRS) (Linear Accelerator based)	☐ Single Fraction Stereotactic radiosurgery (SRS) (Linear Accelerator based)	☐ Single Fraction Stereotactic radiosurgery (SRS) (Linear Accelerator based)
☐ Single Fraction Stereotactic radiosurgery (SRS) (Gamma Knife based)	☐ Single Fraction Stereotactic radiosurgery (SRS) (Gamma Knife based)	☐ Single Fraction Stereotactic radiosurgery (SRS) (Gamma Knife based)
Number of fractions: ____	Number of fractions: ____	Number of fractions: ____

b. Will daily image-guided radiation therapy (IGRT) be used? ☐ Yes ☐ No

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11.	If brachytherapy is included in the treatment plan, then answer the following set of questions:	
	a. What is the dose rate?	
	☐ Low dose rate (LDR) ☐ High dose rate (HDR)	
	b. How many applications will be used?	Applications: _____
12.	Note any additional information in the space below:	

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