

Brain Metastases Radiation Therapy Worksheet (As of 29 January 2020)

This worksheet is to be used for treatment of brain metastases. If the treatment is for the primary tumor, please use the site specific or other worksheet. If treatment is for metastases elsewhere, please use the appropriate metastatic worksheet.

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.**

Patient name:																	
What is the radiation therapy treatment start date (mm/dd/yyyy)?	____ / ____ / ____																
Please be aware that if whole brain radiation therapy is planned, a complex isodose technique (CPT 77307) is considered medically necessary. Requests for 3D conformal radiation for WBRT will require additional review.																	
1.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Is whole brain radiation therapy (WBRT) planned with a complex isodose technique (77307) and a maximum of 15 fractions being requested*?</td> <td style="width: 30%; text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	Is whole brain radiation therapy (WBRT) planned with a complex isodose technique (77307) and a maximum of 15 fractions being requested*?	<input type="checkbox"/> Yes <input type="checkbox"/> No														
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*If yes, the request can be approved and no further information is required. If no, please continue.																	
2.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">a. What is the primary diagnosis?</td> </tr> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Breast <input type="checkbox"/> Colorectal <input type="checkbox"/> Head/Neck <input type="checkbox"/> Kidney <input type="checkbox"/> Lymphoma <input type="checkbox"/> Melanoma </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Non- Small Cell Lung <input type="checkbox"/> Pulmonary and Extra-Pulmonary Small Cell <input type="checkbox"/> Sarcoma <input type="checkbox"/> Testicular <input type="checkbox"/> Thyroid <input type="checkbox"/> Other: _____ </td> </tr> <tr> <td colspan="2">b. Is this a new diagnosis of the primary tumor and is definitive treatment planned?</td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">c. If 2b is no, is the extent of disease outside of the brain (i.e. at primary site and elsewhere) stable?</td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">d. If 2c is no, will the patient receive chemotherapy or other systemic treatment?</td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	a. What is the primary diagnosis?		<input type="checkbox"/> Breast <input type="checkbox"/> Colorectal <input type="checkbox"/> Head/Neck <input type="checkbox"/> Kidney <input type="checkbox"/> Lymphoma <input type="checkbox"/> Melanoma	<input type="checkbox"/> Non- Small Cell Lung <input type="checkbox"/> Pulmonary and Extra-Pulmonary Small Cell <input type="checkbox"/> Sarcoma <input type="checkbox"/> Testicular <input type="checkbox"/> Thyroid <input type="checkbox"/> Other: _____	b. Is this a new diagnosis of the primary tumor and is definitive treatment planned?		<input type="checkbox"/> Yes <input type="checkbox"/> No		c. If 2b is no, is the extent of disease outside of the brain (i.e. at primary site and elsewhere) stable?		<input type="checkbox"/> Yes <input type="checkbox"/> No		d. If 2c is no, will the patient receive chemotherapy or other systemic treatment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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5.	What is the patient's ECOG performance status?	<input type="checkbox"/> 0	Fully active, able to carry on all pre-disease performance without restriction.
		<input type="checkbox"/> 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.
		<input type="checkbox"/> 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.
		<input type="checkbox"/> 3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.
		<input type="checkbox"/> 4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
6.	a. Has the brain previously been treated with radiation therapy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If yes, what treatment was previously given?		
	<input type="checkbox"/> Whole Brain Radiation Therapy (WBRT) <input type="checkbox"/> Stereotactic Radiosurgery (SRS) <input type="checkbox"/> Whole Brain Radiation Therapy (WBRT) and Stereotactic Radiosurgery (SRS)		
7.	If WBRT was previously given, then answer the following questions:		
	a. Was the last WBRT fraction delivered in the past 3 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. What is the date of the last WBRT treatment?		____ / ____ / ____
8.	If SRS was previously given, then answer the following questions:		
	a. Has the patient been treated with more than 2 episodes of SRS in the last 9 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. What is the date of the last SRS treatment?		____ / ____ / ____
9.	a. How many active brain lesions are visible on the most recent MRI?		_____
	b. What is the size of the largest lesion?		
	<input type="checkbox"/> 0.1 – 4.0 cm <input type="checkbox"/> 4.1 – 5.0 cm <input type="checkbox"/> 5.1 cm or greater		
	c. Has the patient undergone surgical resection of a brain metastasis?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Continued on next page

10.	<p>What is the treatment plan?</p> <p><input type="checkbox"/> Whole Brain Radiation Therapy (WBRT)</p> <p><input type="checkbox"/> Partial Brain Radiation Therapy (PBRT)</p> <p><input type="checkbox"/> Hippocampal Avoidance Whole Brain Radiation Therapy (HA-WBRT)</p> <p><input type="checkbox"/> Single Fraction Stereotactic Radiosurgery (SRS) (Linear Accelerator based)</p> <p><input type="checkbox"/> Single Fraction Stereotactic Radiosurgery (SRS) (Gamma Knife based)</p> <p><input type="checkbox"/> Multi-Fraction Cranial Stereotactic Radiosurgery (SRS)</p>
<i>If treatment plan (question #10) is SRS or Multi-Fraction Cranial SRS, please skip to question #14.</i>	
11.	<p>If whole brain, partial brain or hippocampal avoidance whole brain radiation therapy is the selected treatment plan, then answer the following set of questions:</p> <p>a. What treatment technique will be used?</p> <p><input type="checkbox"/> Complex isodose technique (77307)</p> <p><input type="checkbox"/> 3D conformal</p> <p><input type="checkbox"/> Intensity modulated radiation therapy (IMRT)</p> <p><input type="checkbox"/> Tomotherapy (IMRT)</p> <p><input type="checkbox"/> Rotational arc therapy</p> <p><input type="checkbox"/> Tomotherapy Direct/3D</p> <p><input type="checkbox"/> Proton beam therapy</p>
	<p>b. How many fractions will be delivered? Fractions: _____</p>
12.	<p>a. If WBRT is being given, is a sequential boost planned? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. If yes, then what is the treatment technique being used?</p> <p><input type="checkbox"/> Complex isodose technique (77307)</p> <p><input type="checkbox"/> 3D conformal</p> <p><input type="checkbox"/> Intensity modulated radiation therapy (IMRT)</p> <p><input type="checkbox"/> Tomotherapy (IMRT)</p> <p><input type="checkbox"/> Rotational arc therapy</p> <p><input type="checkbox"/> Tomotherapy Direct/3D</p> <p><input type="checkbox"/> Single Fraction Stereotactic Radiosurgery (SRS) (Linear Accelerator based)</p> <p><input type="checkbox"/> Single Fraction Stereotactic Radiosurgery (SRS) (Gamma Knife based)</p> <p><input type="checkbox"/> Multi-Fraction Cranial Stereotactic Radiosurgery (SRS)</p> <p><input type="checkbox"/> Proton beam therapy</p>
	<p>c. How many fractions will be delivered during the boost? Fractions: _____</p>
13.	<p>Will daily image-guided radiation therapy (IGRT) be used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<i>If treatment plan (question #10) is WBRT, PBRT, or HA-WBRT, please skip to question #15.</i>	
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14.	Are all brain metastases present on imaging being treated concurrently in 1 total fraction for all lesions (for SRS) and in 2-5 total fractions for all lesions (for Multi-Fraction Cranial SRS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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15.	Note any additional information in the space below.	
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