

# Bone Metastases Radiation Therapy Physician Worksheet (As of 23 July 2018)

This worksheet is to be used for palliative treatment of bone metastases. If treatment is for Oligometastatic disease to the bone, complete the 'Extracranial Oligometastases' physician worksheet.

Please note that for the majority of bone metastases requiring radiation therapy, up to 10 fractions of radiation planned using a complex isodose technique (CPT 77307) is considered medical necessary and can be approved. The use of daily IGRT (image guided radiation therapy) is generally not medically necessary.

If you are submitting a request for a treatment technique other than complex and/or are requesting IGRT, please submit supporting documentation by submitting the request through the web portal.

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.**

<b>Patient Name:</b>	
<b>What is the radiation therapy treatment start date (mm/dd/yyyy)?</b>	____ / ____ / ____
1.	What is the site of the primary cancer? <input type="checkbox"/> Bladder <input type="checkbox"/> Colorectal <input type="checkbox"/> Lung <input type="checkbox"/> Prostate <input type="checkbox"/> Breast <input type="checkbox"/> Head/neck <input type="checkbox"/> Melanoma <input type="checkbox"/> Sarcoma <input type="checkbox"/> Cervical <input type="checkbox"/> Kidney <input type="checkbox"/> Pancreas <input type="checkbox"/> Other: _____
2.	If the site of the primary cancer is the Prostate, is Xofigo® the intended treatment technique? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Xofigo® is the intended treatment, complete the 'Bone Metastases – Xofigo® Treatment Plan' physician worksheet.</b>	
3.	What is the location of the metastasis (site 1)? <input type="checkbox"/> Femur <input type="checkbox"/> Pelvis <input type="checkbox"/> Shoulder <input type="checkbox"/> Spine - levels to be treated : _____ <input type="checkbox"/> Humerus <input type="checkbox"/> Rib <input type="checkbox"/> Skull <input type="checkbox"/> Other: _____

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4.	a. Are you treating a second and/or third bone site for this patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If a second and/or third site is being treated, what is the location of the metastasis? <i>Select the location of the metastasis for each additional site being treated.</i>	
	Site 2	Site 3
	<input type="checkbox"/> Femur <input type="checkbox"/> Humerus <input type="checkbox"/> Pelvis <input type="checkbox"/> Rib <input type="checkbox"/> Shoulder <input type="checkbox"/> Skull <input type="checkbox"/> Spine - levels to be treated : _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Femur <input type="checkbox"/> Humerus <input type="checkbox"/> Pelvis <input type="checkbox"/> Rib <input type="checkbox"/> Shoulder <input type="checkbox"/> Skull <input type="checkbox"/> Spine - levels to be treated : _____ <input type="checkbox"/> Other: _____
	c. Will the sites be treated concurrently?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5.	What is the external beam radiation therapy (EBRT) treatment technique? <i>Select the treatment technique for each site, and fill in the number of gantry angles and fractions.</i>		
	Site 1	Site 2	Site 3
	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Tomotherapy (IMRT) <input type="checkbox"/> Tomotherapy Direct/3D <input type="checkbox"/> Electrons <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Tomotherapy (IMRT) <input type="checkbox"/> Tomotherapy Direct/3D <input type="checkbox"/> Electrons <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Tomotherapy (IMRT) <input type="checkbox"/> Tomotherapy Direct/3D <input type="checkbox"/> Electrons <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT)
	Fractions: _____	Fractions: _____	Fractions: _____

**Please note that treatment with 2 gantry angles is not considered a 3D technique and is *not* considered medically necessary and 77295 will *not* be reimbursed.**

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6.	What is the reason for treatment? <i>Select all that apply.</i>		
	<input type="checkbox"/> Extension into viscera or a soft tissue component <input type="checkbox"/> Spinal cord compression <input type="checkbox"/> Palliation of pain <input type="checkbox"/> Other: _____		
7.	a. What is the patient's ECOG performance status?	<input type="checkbox"/> 0  <input type="checkbox"/> 1  <input type="checkbox"/> 2  <input type="checkbox"/> 3  <input type="checkbox"/> 4	Fully active, able to carry on all pre-disease performance without restriction.  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.  Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.  Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.  Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
	b. If ECOG performance status is 3 or 4, is it expected that the ECOG status will improve as a result of this treatment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is the area to be treated abutting, overlapping, or within a previously irradiated area?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Will daily image-guided radiation therapy (IGRT) be used?		<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Note any additional information in the space below.		