

Primary Central Nervous System (CNS) Lymphoma Radiation Therapy Physician Worksheet (As of 31 January 2017)

This worksheet is to be used for curative or palliative treatment of primary central nervous system (CNS) lymphoma.

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)? _____ / _____ / _____																					
1.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. Has the patient received chemotherapy?</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">b. If the patient has received chemotherapy, what was the response?</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Complete response (CR) <input type="checkbox"/> Partial response (PR) <input type="checkbox"/> No response (NR) <input type="checkbox"/> Progressive disease (POD) </td> </tr> </table>	a. Has the patient received chemotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	b. If the patient has received chemotherapy, what was the response?		<input type="checkbox"/> Complete response (CR) <input type="checkbox"/> Partial response (PR) <input type="checkbox"/> No response (NR) <input type="checkbox"/> Progressive disease (POD)															
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2.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Will the patient be receiving concurrent chemotherapy?</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Will the patient be receiving concurrent chemotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No																		
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3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">What external beam radiation therapy (EBRT) technique will be used to deliver the radiation therapy? <i>Select a technique for each applicable phase, and fill in the number of fractions.</i></td> </tr> <tr> <td style="width: 50%; text-align: center;">Phase 1</td> <td style="width: 50%; text-align: center;">Phase 2</td> </tr> <tr> <td><input type="checkbox"/> Complex (77307)</td> <td><input type="checkbox"/> Complex (77307)</td> </tr> <tr> <td><input type="checkbox"/> 3D conformal</td> <td><input type="checkbox"/> 3D conformal</td> </tr> <tr> <td><input type="checkbox"/> Intensity modulated radiation therapy (IMRT)</td> <td><input type="checkbox"/> Intensity modulated radiation therapy (IMRT)</td> </tr> <tr> <td><input type="checkbox"/> Proton beam therapy</td> <td><input type="checkbox"/> Proton beam therapy</td> </tr> <tr> <td><input type="checkbox"/> Rotational arc therapy</td> <td><input type="checkbox"/> Rotational arc therapy</td> </tr> <tr> <td><input type="checkbox"/> Stereotactic body radiation therapy (SBRT)</td> <td><input type="checkbox"/> Stereotactic body radiation therapy (SBRT)</td> </tr> <tr> <td><input type="checkbox"/> Tomotherapy</td> <td><input type="checkbox"/> Tomotherapy</td> </tr> <tr> <td>Number of fractions: _____</td> <td>Number of fractions: _____</td> </tr> </table>	What external beam radiation therapy (EBRT) technique will be used to deliver the radiation therapy? <i>Select a technique for each applicable phase, and fill in the number of fractions.</i>		Phase 1	Phase 2	<input type="checkbox"/> Complex (77307)	<input type="checkbox"/> Complex (77307)	<input type="checkbox"/> 3D conformal	<input type="checkbox"/> 3D conformal	<input type="checkbox"/> Intensity modulated radiation therapy (IMRT)	<input type="checkbox"/> Intensity modulated radiation therapy (IMRT)	<input type="checkbox"/> Proton beam therapy	<input type="checkbox"/> Proton beam therapy	<input type="checkbox"/> Rotational arc therapy	<input type="checkbox"/> Rotational arc therapy	<input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	<input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	<input type="checkbox"/> Tomotherapy	<input type="checkbox"/> Tomotherapy	Number of fractions: _____	Number of fractions: _____
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5. Note any additional information in the space below:

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