

This worksheet is to be used for curative or palliative treatment of Hodgkin's Lymphoma. If the treatment is for metastases from Hodgkin's Lymphoma, 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 start date (mm/dd/yyyy)? _____ / _____ / _____	
1.	What is the histology? <input type="checkbox"/> Nodular Lymphocyte Predominant Hodgkin's Disease (NLPHD) <input type="checkbox"/> Classic Hodgkin's Disease
2.	What is the treatment intent? <input type="checkbox"/> Adjuvant (i.e. following chemotherapy) <input type="checkbox"/> Definitive <input type="checkbox"/> Salvage (Curative) <input type="checkbox"/> Palliative
3.	If Adjuvant is the selected treatment intent, then please answer the following questions: a. What was the chemotherapy regimen? <input type="checkbox"/> ABVD <input type="checkbox"/> Stanford V <input type="checkbox"/> BEACOPP <input type="checkbox"/> Other b. How many cycles were given? Cycles: _____ c. What is the response to chemotherapy? <input type="checkbox"/> No response <input type="checkbox"/> Partial response <input type="checkbox"/> Complete response
4.	What is the stage at diagnosis? <input type="checkbox"/> Stage IA <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage IIIA <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IB <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IVB

Continued on next page

5.	What is the site/location of treatment? Fill in the site: _____	
6.	What is the treatment technique? <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"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Tomotherapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Electrons	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Tomotherapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Electrons
	Number of fractions: _____	Number of fractions: _____
7.	Will daily image-guided radiation therapy (IGRT) be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Note any additional information in the space below:	