

Metastases (Non-Bone/Brain) Radiation Therapy Worksheet (As of 23 July 2018)

This worksheet is to be used for treatment of metastases to sites other than bone and brain. If treatment is for Bone or Brain Metastases, please use the appropriate worksheet. If treatment is for Oligometastatic disease, complete the 'Oligometastatic' physician 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)?	____ / ____ / ____								
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: _____								
<i>If treatment is for Bone or Brain Metastases, complete the appropriate physician worksheet.</i>									
2.	What is the location of the metastasis (site 1)? <input type="checkbox"/> Lung <input type="checkbox"/> Other: _____ <input type="checkbox"/> Liver								
3.	a. Are you treating another area for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If another area is being treated, what is the location of the metastasis? <i>Select the location of the metastasis for each additional site being treated.</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%; text-align: center;">Site 2</th> <th style="width: 50%; text-align: center;">Site 3</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Lung</td> <td><input type="checkbox"/> Lung</td> </tr> <tr> <td><input type="checkbox"/> Liver</td> <td><input type="checkbox"/> Liver</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Other: _____</td> </tr> </tbody> </table> c. Will the sites be treated concurrently? <input type="checkbox"/> Yes <input type="checkbox"/> No	Site 2	Site 3	<input type="checkbox"/> Lung	<input type="checkbox"/> Lung	<input type="checkbox"/> Liver	<input type="checkbox"/> Liver	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Site 2	Site 3								
<input type="checkbox"/> Lung	<input type="checkbox"/> Lung								
<input type="checkbox"/> Liver	<input type="checkbox"/> Liver								
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____								
<i>Continued on next page</i>									

Metastases (Non-Bone/Brain) Radiation Therapy Worksheet (As of 23 July 2018)

4.	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: _____
5.	a. 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.	
	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
6.	Will the patient receive concurrent chemotherapy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is the area to be treated abutting, overlapping, or within a previously irradiated area?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Will daily image-guided radiation therapy (IGRT) be used?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Continued on next page			

Metastases (Non-Bone/Brain) Radiation Therapy Worksheet (As of 23 July 2018)

9. Note any additional information in the space below.

--