

Vulva Cancer Radiation Therapy Physician Worksheet (As of 17 July 2016)

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.	Is this treatment being directed to the primary site? <input type="checkbox"/> Yes <input type="checkbox"/> No
If treatment is not being directed to the primary site, submit a request for the metastatic site.	
2.	Does the patient have distant metastatic disease? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	a. What is the treatment intent? <input type="checkbox"/> Postoperative <input type="checkbox"/> Preoperative <input type="checkbox"/> Definitive (no surgery planned) <input type="checkbox"/> Locoregional recurrence at primary site or regional lymph nodes <input type="checkbox"/> Palliative (for relief of symptoms)
	b. If preoperative or postoperative is the treatment intent, are any of the following risk factors present? 1. Tumor > 4 cm 2. > 1 mm invasion 3. Lymphovascular invasion 4. Positive Pelvic Nodes 5. Positive Inguinal/Femoral Nodes 6. Positive/Close Surgical Margin (< 8 mm) 7. Pattern of invasion (spray, diffuse) <input type="checkbox"/> Yes <input type="checkbox"/> No
	c. If definitive is the treatment intent, what is the patient's initial TNM (AJCC 7 th Edition) Stage?
	<input type="checkbox"/> Stage 0 <input type="checkbox"/> Stage I <input type="checkbox"/> Stage IA <input type="checkbox"/> Stage IB <input type="checkbox"/> Stage II <input type="checkbox"/> Stage IIIA <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IIIC <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IVB

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6.	What is the treatment plan?	
	<input type="checkbox"/> External beam radiation therapy (EBRT) <input type="checkbox"/> Brachytherapy <input type="checkbox"/> EBRT and Brachytherapy	
7.	If brachytherapy is included in the treatment plan, then answer the following set of questions:	
	a. What is the dose rate?	
	<input type="checkbox"/> Low dose rate (LDR) <input type="checkbox"/> High dose rate (HDR)	
	b. How many fractions will be rendered?	Fractions: _____
	c. What is the implant type?	
	<input type="checkbox"/> Interstitial <input type="checkbox"/> Other (fill in): _____	
8.	If EBRT is included in the treatment plan, then answer the following questions:	
	a. 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"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Tomotherapy <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"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Tomotherapy <input type="checkbox"/> Electrons
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	Fractions: _____	Fractions: _____
	Fractions: _____	
9.	Will the patient be receiving concurrent chemotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Will IGRT be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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11. Note any additional information in the space below:

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