

Head or Neck Cancer Radiation Therapy Physician Worksheet (As of 26 January 2017)

This worksheet is to be used for curative or palliative treatment of head and neck cancer. If the treatment is for metastases from head and neck cancer, 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.	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	What is the primary site? <input type="checkbox"/> Lip and oral cavity <input type="checkbox"/> Mucosal melanoma of head and neck <input type="checkbox"/> Pharynx <input type="checkbox"/> Occult/unknown primary <input type="checkbox"/> Larynx <input type="checkbox"/> Major salivary gland <input type="checkbox"/> Nasal cavity and para-nasal sinuses <input type="checkbox"/> Other: _____ <input type="checkbox"/> Thyroid
3.	Please annotate the patient staging (use pathological staging if post-op): a. What is the clinical T stage? <input type="checkbox"/> T0 <input type="checkbox"/> T3 <input type="checkbox"/> T1 <input type="checkbox"/> T4 <input type="checkbox"/> T2 b. What is the clinical N stage? <input type="checkbox"/> N0 <input type="checkbox"/> N2b <input type="checkbox"/> N1 <input type="checkbox"/> N2c <input type="checkbox"/> N2a <input type="checkbox"/> N3
4.	What is the intent/timing of the treatment? <input type="checkbox"/> Definitive <input type="checkbox"/> Isolated locoregional recurrence <input type="checkbox"/> Palliative <input type="checkbox"/> Pre-operative <input type="checkbox"/> Post-operative <input type="checkbox"/> Salvage therapy
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5.	What technique will be used to deliver the radiation therapy?
	<input type="checkbox"/> Brachytherapy <input type="checkbox"/> External beam radiation therapy (EBRT)
6.	If brachytherapy is the selected technique, then answer the following set of questions:
	a. What type of brachytherapy will be used?
	<input type="checkbox"/> High dose rate <input type="checkbox"/> Low dose rate
	b. What is the implant type?
	<input type="checkbox"/> Interstitial <input type="checkbox"/> Intracavitary
7.	If EBRT is the selected technique, then what is the EBRT technique?
	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Intensity modulated radiation therapy (IMRT): fixed gantry <input type="checkbox"/> Tomotherapy <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Proton beam therapy
8.	Will the patient be receiving concurrent chemotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Will the patient receive treatment twice daily during the course of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Note any additional information in the space below: