

Prophylactic Cranial Irradiation (PCI) Radiation Therapy Physician Worksheet (As of 13 October 2017)

This worksheet is to be used for prophylactic cranial irradiation in a member with small cell lung cancer.

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.**

First Name:	Middle Initial:	Last Name:
DOB (mm/dd/yyyy):		Member ID:
What is the radiation therapy treatment start date (mm/dd/yyyy)?		____ / ____ / ____
1.	What is the stage of the lung cancer?	<input type="checkbox"/> Limited <input type="checkbox"/> Extensive
2.	What is the status of the primary tumor following therapy? <input type="checkbox"/> Complete response (CR) <input type="checkbox"/> No response (NR) <input type="checkbox"/> Partial response (PR) <input type="checkbox"/> Progressive disease (POD)	
3.	a. What technique is planned? <input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) <input type="checkbox"/> Tomotherapy (IMRT) <input type="checkbox"/> Tomotherapy Direct/3D <input type="checkbox"/> Rotational arc therapy	
	b. How many fractions will be delivered?	Fractions: _____
4.	Will daily image-guided radiation therapy (IGRT) be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Note any additional information in the space below:	