Adrenal Cancer
Radiation Therapy Physician Worksheet

This worksheet is to be used for curative or palliative treatment of adrenal cancer. If the treatment is for metastases from adrenal 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.

First Name:	**Middle Initial:**	**Last Name:**
DOB (mm/dd/yyyy):	**Member ID:**	
What is the radiation therapy treatment start date (mm/dd/yyyy)?		_____ /_____ /_____

1.	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	☐ Yes ☐ No

2.	What is the treatment intent?
	☐ Pre-operative (neo-adjuvant) ☐ Definitive (no surgery planned) ☐ Post-operative (adjuvant) ☐ Palliative (for relief of symptoms)

3.	What is the clinical T stage?
	☐ T0 ☐ T3 ☐ T1 ☐ T4 ☐ T2

4.	What is the nodal status?
	☐ Negative ☐ Positive ☐ N/A

5.	If the patient has undergone surgical resection, what was the surgical margin status?
	☐ Negative ☐ Positive ☐ N/A

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6.	What external beam radiation therapy technique will be used to deliver the radiation therapy? *Select a technique for each applicable phase, and fill in the number of fractions.*		
		Phase I	Phase II (if applicable)
		☐ Complex (77307) ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Tomotherapy ☐ Rotational arc therapy ☐ Proton beam therapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Biology-guided Radiation Therapy (BgRT)	☐ Complex (77307) ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Tomotherapy ☐ Rotational arc therapy ☐ Proton beam therapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Biology-guided Radiation Therapy (BgRT)
		Number of fractions: _____	Number of fractions: _____

7.	Will the patient receive concurrent chemotherapy?	☐ Yes ☐ No
8.	a. Will daily image-guided radiation therapy (IGRT) be used for phase I?	☐ Yes ☐ No
	b. Will IGRT be used for phase II?	☐ Yes ☐ No
9.	Note any additional information in the space below.	