Non-Hodgkins Lymphoma
Radiation Therapy Physician Worksheet

This worksheet is to be used for curative or palliative treatment of Non-Hodgkin's Lymphoma. If the treatment is for metastases from Non-Hodgkin's Lymphoma, 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 start date (mm/dd/yyyy)?	_____ /_____ /_____	

1.	a. What is the histology?	
	☐ Indolent, such as Follicular lymphoma, MALT (including gastric, orbital) ☐ Aggressive, such as Diffuse Large B-cell Lymphoma (DLBCL), Mantle cell lymphoma ☐ NK/T lymphoma ☐ Mycosis Fungoides (MF) ☐ Primary CNS Lymphoma (PCNSL) ☐ Other	
	b. If NK/T lymphoma is selected, will the patient be receiving concurrent chemotherapy?	☐ Yes ☐ No
	c. If Mycosis Fungoides is selected, is this request for total skin electron beam therapy (TSEBT)? If yes is selected, skip forward to question #7.	☐ Yes ☐ No
	d. **If PCNSL is selected, do not continue with the Non-Hodgkin's Lymphoma worksheet. Instead, complete the CNS Lymphoma worksheet.**	
2.	What is the treatment intent?	
	☐ Adjuvant (i.e. following chemotherapy) ☐ Definitive ☐ Salvage (Curative) ☐ Palliative	
3.	What is the stage?	
	☐ Stage IA ☐ Stage IIA ☐ Stage IIIA ☐ Stage IVA ☐ Stage IB ☐ Stage IIB ☐ Stage IIIB ☐ Stage IVB	
4.	Is treatment being directed above the diaphragm?	☐ Yes ☐ No

Continued on next page

5.	What is the site/location of treatment?	
	Fill in the site: _____	
6.	What is the treatment technique? *Select a technique for each applicable phase, and fill in the number of fractions.*	
	Phase 1	Phase 2
	☐ Conventional isodose planning, complex ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Proton beam therapy ☐ Rotational arc therapy ☐ Tomotherapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Electrons ☐ Biology-guided Radiation Therapy (BgRT)	☐ Conventional isodose planning, complex ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Proton beam therapy ☐ Rotational arc therapy ☐ Tomotherapy ☐ Stereotactic body radiation therapy (SBRT) ☐ Electrons ☐ Biology-guided Radiation Therapy (BgRT)
	Number of fractions: _____	Number of fractions: _____
7.	If request is for total skin electron beam therapy (TSEBT), how many fractions will be rendered? See question #1c.	Number of fractions: ____
8.	Will daily image-guided radiation therapy (IGRT) be used?	☐ Yes ☐ No
9.	Note any additional information in the space below:	