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Bile Duct Cancer Radiation Therapy Physician Worksheet (As of 14 April 2017)

This worksheet is to be used for curative or palliative treatment of bile duct cancer. If the treatment is for metastases from bile duct 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.	Which primary site is being treated?
	☐ Intrahepatic bile duct ☐ Extrahepatic bile duct
2.	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)? ☐ Yes ☐ No
3.	What is the treatment intent?
	☐ Palliative ☐ Post-operative (adjuvant) ☐ Definitive ☐ Pre-operative (neo-adjuvant)
4.	If post-operative is the treatment intent, then answer the following questions:
	a. What is the clinical T stage?
	☐ T0 ☐ T3 ☐ T1 ☐ T4 ☐ T2 ☐ Tis
	b. What is the nodal status?
	☐ N0 ☐ N1 ☐ N2
	c. What is the resection margin status?
	☐ Negative margins ☐ Positive margins ☐ N/A

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5.	What technique will be used to deliver the radiation therapy?		
	☐ External beam radiation therapy (EBRT) ☐ Brachytherapy ☐ Selective internal radiation therapy (SIRT)		
6.	If EBRT is the selected treatment, then answer the following questions:		
	a. What EBRT 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	
	☐ Complex (77307) ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Tomotherapy ☐ Rotational arc therapy ☐ Proton beam therapy ☐ Stereotactic body radiation therapy (SBRT)	☐ Complex (77307) ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Tomotherapy ☐ Rotational arc therapy ☐ Proton beam therapy ☐ Stereotactic body radiation therapy (SBRT)	
	Number of fractions: ______	Number of fractions: ______	
	b. If a form of IMRT was selected, was 3D conformal technique considered?	☐ Yes ☐ No	
	c. Will daily image-guided radiation therapy (IGRT) be used?	☐ Yes ☐ No	
7.	If brachytherapy is the selected treatment, then answer the following questions:		
	a. What is the dose rate?		
	☐ Low Dose Rate ☐ High Dose Rate		
	b. How many applications will be used?	Applications: ________	
8.	If SIRT is the selected treatment plan, how many treatments will be utilized?	Treatments: __________	
9.	Will the patient receive concurrent chemotherapy?	☐ Yes ☐ No	

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10.	Note any additional information in the space below. *If SIRT or other brachytherapy technique will be used, provide details and rationale for selection of the SIRT or brachytherapy.*