

This worksheet is to be used for curative or palliative treatment of cervical cancer. If the treatment is for metastases from cervical 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 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.	a. What is the treatment intent?		
	<input type="checkbox"/> Post-operative <input type="checkbox"/> Definitive <input type="checkbox"/> Locoregional recurrence <input type="checkbox"/> Palliative		
	b. If post-operative is the treatment intent, are any of the following risk factors present? 1. Tumor > 4cm 4. Positive Pelvic Nodes 2. Deep Stromal invasion 5. Positive Surgical Margin 3. Lymphovascular invasion 6. Positive Parametrium		<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. If definitive is the treatment intent, what is the patient's initial FIGO (International Federation of Gynecology and Obstetrics) stage? <input type="checkbox"/> Stage IA1 <input type="checkbox"/> Stage IA2 <input type="checkbox"/> Stage IB1 <input type="checkbox"/> Stage IB2 <input type="checkbox"/> Stage IIA1 <input type="checkbox"/> Stage IIA2 <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IIIA <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IVB		
3.	Will the para-aortic nodes be treated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Is gross adenopathy present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Continued on next page			

5.	What is the treatment plan?	
	<input type="checkbox"/> External beam radiation therapy (EBRT) <input type="checkbox"/> Brachytherapy <input type="checkbox"/> Brachytherapy and EBRT	
6.	If brachytherapy is included in the treatment plan, then answer the following set of questions:	
	a. What is the dose rate?	
	<input type="checkbox"/> Low dose rate (LDR) <input type="checkbox"/> High dose rate (HDR)	
	b. How many fractions will be rendered?	Fractions: _____
	c. What is the implant type?	
	<input type="checkbox"/> Tandem only <input type="checkbox"/> Ovoids only <input type="checkbox"/> Vaginal cylinder only <input type="checkbox"/> Interstitial <input type="checkbox"/> Tandem and ovoids	
7.	IF EBRT is included in the treatment plan, then what EBRT technique will be used to deliver the radiation therapy? <i>Select a technique for each applicable phase, and fill in the number of fractions.</i>	
	Phase 1	Phase 2
	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Tomotherapy	<input type="checkbox"/> Complex (77307) <input type="checkbox"/> 3D conformal <input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Proton beam therapy <input type="checkbox"/> Rotational arc therapy <input type="checkbox"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Tomotherapy
	Number of fractions: _____	Number of fractions: _____
8.	Will the patient be receiving concurrent chemotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Will daily image-guided radiation therapy (IGRT) be used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Note any additional information in the space below:	