Non Cancerous Radiation Therapy Worksheet (As of 1 January 2023)

If the treatment is for metastases from a non-cancerous (not malignant) condition, 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. For which diagnosis type is the member receiving radiation therapy?

Benign cranial requests

- ☐ Acoustic neuroma (vestibular schwanoma)
- ☐ AVM (arteriovenous malformation)
- ☐ Cavernous malformation
- ☐ Chordoma
- ☐ Craniophayngioma
- ☐ Langerhans cell histiocytosis
- ☐ Meningioma
- ☐ Pituitary adenoma
- ☐ Other CNS benign tumor:_____

Benign non-skin requests

- ☐ Bursitis
- ☐ Cardiac radioablation
- ☐ Carotid body tumor (see chemodectoma)
- ☐ Castleman disease (giant lymph node hyperplasia)
- ☐ Chemodectoma (carotid, glomus jugulare, aortic)
- ☐ Choroidal hemangioma
- ☐ Coronary Artery Disease
- ☐ Desmoid tumor
- ☐ Dupuytren's contracture
- ☐ Glomus jugulare
- ☐ Glomus tympanicum
- ☐ Glomus vagale
- ☐ Gorham-stout syndrome (disappearing bone syndrome)
- ☐ Graves ophthalmopathy
- ☐ Gynecomastia
- ☐ Hypertrophic ossification (before or after surgery
- ☐ Langerhans cell histiocytosis
- ☐ Macular degeneration
- ☐ Orbital myositis
- ☐ Osteoarthritis
- ☐ Paraganglioma
- ☐ Peyronie disease
- ☐ Pigmented villonodular synovitis
- ☐ Plantar fasciitis
- ☐ Pterygium
- ☐ Rotator cuff syndrome
- ☐ Rosai-dorfman disease
- ☐ Splenomegaly (not always a benign etiology)
- ☐ Tendonitis
- ☐ Tennis elbow
- ☐ Thymoma
- ☐ Vertebral hemangioma
- ☐ Other non-cranial/skin benign condition: _____

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	Benign cranial functional requests
	☐ Epilepsy ☐ Parkinson's disease ☐ Psychiatric disorders ☐ Trigeminal neuralgia ☐ Other CNS functional:_____
	Benign skin requests
	☐ Keloid scar ☐ Psoriasis ☐ Other benign skin:_____
2.	What is the treatment plan?
	☐ External beam radiation therapy (EBRT) ☐ Brachytherapy
3.	If EBRT is the selected treatment plan, then answer the following set of questions:
	a. What external beam radiation therapy (EBRT) technique will be used?
	☐ Electrons ☐ Complex (77307) ☐ 3D conformal ☐ Intensity modulated radiation therapy (IMRT) ☐ Tomotherapy ☐ Rotational arc therapy ☐ Proton beam therapy ☐ Superficial or Orthovoltage ☐ Single Fraction Stereotactic Radiosurgery (SRS) (Linear Accelerator based) ☐ Single Fraction Stereotactic Radiosurgery (SRS) (Gamma Knife based) ☐ Multi-Fraction Cranial Stereotactic Radiosurgery (SRS) ☐ Stereotactic body radiation therapy (SBRT)
	b. How many fractions will be delivered? — Fractions: _____
	c. Will daily image-guided radiation therapy (IGRT) be used? — ☐ Yes ☐ No
4.	If brachytherapy is the selected treatment plan, then answer the following set of questions:
	a. What is the dose rate?
	☐ Low dose rate (LDR) ☐ High dose rate (HDR)
	b. How many fractions will be delivered? — Fraction: _____

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5.	Note any additional information in the space below: