

Radiation Therapy Pancreas Cancer Checklist

Evolent (formerly National Imaging Associates, Inc.) has provided this checklist to help you in gathering the information needed to request a medical necessity review. Please complete this form and include any applicable clinical documentation (i.e., comparison plan, radiation therapy consultation, imaging results etc.) prior to submitting the case on www.radmd.com. As an alternative, you may also contact our Evolent Call Center.

Please note new case requests may not be started by fax.

| General Information | | | | | | |
|--|---|-------------------------|---------------------------------------|--|--|--|
| Patient Name: | Patient Name: | | | | | |
| Date of Birth: | | | | | | |
| Health Plan and Mem | ber ID: | | | | | |
| | Start Date (i.e., Initial Simul | ation): | | | | |
| Treatment Start Date | | | | | | |
| | | | | | | |
| Clinical Infor | mation | | | | | |
| ICD-10 Code(s): | | | | | | |
| | What is the treatment site? | | | | | |
| | Each treatment site requires a separate authorization. | | | | | |
| What is Treatment Intent? | | | | | | |
| What is the treatmen | 0 | ive/ Palliative | 12 | | | |
| | nt prescription dose for the | | LF . | | | |
| What is the radiation therapy treatment start date? Does the member have distant metastases (stage VI or M1) (i.e., disease spread to bone, liver, lung, | | | | | | |
| brain)? | | | | | | |
| | Will all radiation treatment be done at the same facility? YES □ NO □ | | | | | |
| History of prior radiation therapy? YES NO If yes, provide details of prior site & total dose along | | | | | | |
| with completion date: | ion merapy: TEO E 140 E | in yes, provide details | or prior site a total acce along | | | |
| What is the DOSE that will be used for each phase of treatment? | | | | | | |
| Phase 1 | | | | | | |
| Phase 2 | | | | | | |
| Phase 3 | | | | | | |
| | ICATE THE NUMBER O | F FRACTIONS FOR | EACH PHASE BELOW | | | |
| Phase 1 | Phase 2 | Phase 3 | Treatment | | | |
| 1 11400 1 | (Boost) | 1 11455 5 | Troutinon: | | | |
| | (BOOSI) | | Superficial / | | | |
| | | | Orthovoltage | | | |
| | | | Offilovoltage | | | |
| | | | 2D Radiation Therapy | | | |
| | | | 3D Radiation Therapy | | | |
| | | | Electron Beam | | | |
| | | | Therapy | | | |
| | | | Intensity Modulated Radiation Therapy | | | |

| | | | | | Proton Beam Therapy | | | |
|--|---|---|------------------------|--------------------------|--|--|--|--|
| | | | | | | | | |
| | | | | | Stereotactic Radiosurgery & | | | |
| | | | | | Stereotactic | | | |
| | | | | | Radiation Therapy | | | |
| | | | | | (SRS/SRT) | | | |
| | | | | | Stereotactic Body Radiation Therapy (SBRT) | | | |
| | | | | | Gamma Knife | | | |
| | | | | | YES NO | | | |
| | | | | | | | | |
| | Ħ | | | | IORT | | | |
| | | | | | Machine Name: | | | |
| | | | | | | | | |
| | | | | | | | | |
| | H | | | | LDR Brachytherapy | | | |
| | | | | | 251t Braonymorapy | | | |
| | | | | | | | | |
| | | | | | HDR Brachytherapy | | | |
| | | | | | | | | |
| | Р | lan Type: IMRT : | 3D: Plan T | ype for SBRT/SRS/SRT a | nd Proton Beam Therapy | | | |
| | | | Site Specific Question | s for Pancreatic Cancer: | | | | |
| | Treatment Intent: Curative or Palliative | | | | | | | |
| Treatment Timing: Pre operative/ Resectable Post operative Unresectable Palliative Recurrence after | | | | | | | | |
| resection | | | | | | | | |
| | | etastatic Disease: Yes | No | | | | | |
| | | | | | | | | |
| | | umber of ports/angles/fi nase 1 | leids | | | | | |
| | Phase 2 | | | | | | | |
| - | Phase 3 | | | | | | | |
| Type of Imaging: Port Films IGRT IGRT Frequency: | | | | | | | | |
| Will concurrent (simultaneous) chemotherapy be administered during this course of treatment? YES □ NO □ Chemotherapy name: Chemo dates: | | | | | | | | |
| 1 | TES IN NO I Chemotherapy hame. Chemo dates. | | | | | | | |

| CPT Code 77370 Special Physics CPT Code 77470 Special Treatment CPT Code 77331 Special Dosimetry | Rationale (Reason) Rationale (Reason) Rationale (Reason) |
|--|--|
| Additional comments or details: | |
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| Please be ready to submit any results of imaging (ultrasounds, x-rays, MRIs, PET Scans, CTs, DVH's) from the past 3 months and radiation therapy prescription plans in addition to the clinical treatment plan. This will assist in the review process. Failure to provide all relevant documentation may cause a delay. | |
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