



Radiation Therapy Head and Neck Cancer Checklist

Evolent 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 [RadMD.com](https://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			
Date of Birth			
Health Plan and Member ID			
Treatment Planning Start Date (i.e., Initial Simulation)			
Treatment Start Date			
Clinical Information			
ICD-10 Code(s)			
What is the treatment site? Each treatment site requires a separate authorization.			
What is Treatment Intent? Curative/ Palliative			
What is the treatment prescription dose for the course of treatment?			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
History of prior radiation therapy? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, provide details of prior site & total dose along with completion date.</i>			
What is the DOSE that will be used for each phase of treatment?			
Phase 1 <small>Click or tap here to enter text.</small>			
Phase 2 <small>Click or tap here to enter text.</small>			
Phase 3 <small>Click or tap here to enter text.</small>			
PLEASE INDICATE THE NUMBER OF FRACTIONS FOR EACH PHASE BELOW			
Phase 1	Phase 2 (Boost)	Phase 3	Treatment
			Superficial / Orthovoltage
			2D Radiation Therapy
			3D Radiation Therapy
			Electron Beam Therapy
			Intensity Modulated Radiation Therapy (IMRT)

			Proton Beam Therapy
			Stereotactic Radiosurgery & Stereotactic Radiation Therapy (SRS/SRT)
			Stereotactic Body Radiation Therapy (SBRT)
			Gamma Knife YES <input type="checkbox"/> NO <input type="checkbox"/>
			IORT Machine Name: Click or tap here to enter text.
			LDR Brachytherapy
			HDR Brachytherapy

Plan Type: **IMRT**: Click or tap here to enter text. **3D**: Click or tap here to enter text.
Plan Type for SBRT/SRS/SRT and Proton Beam Therapy Click or tap here to enter text.

Site Specific Questions for Head and Neck Cancer:

Treatment timing Click or tap here to enter text.

Pre-Operative Post-operative Primary (Unresectable) Definitive Recurrent Palliative
 Surgical Margin Status: Click or tap here to enter text.

Positive/ Closed Click or tap here to enter text. Negative Click or tap here to enter text.

Adverse risk factor: Click or tap here to enter text.

Positive node T3/T4 Perineural invasion Vascular tumor embolism
 Staging:

T Stage	N Stage
TX Click or tap here to enter text.	NX Click or tap here to enter text.
Tis (DCIS) Click or tap here to enter text.	N0 Click or tap here to enter text.
Tis (LCIS) Click or tap here to enter text.	N1 Click or tap here to enter text.
T1 Click or tap here to enter text.	N2 Click or tap here to enter text.
T2 Click or tap here to enter text.	N3 Click or tap here to enter text.
T3 Click or tap here to enter text.	
T4 Click or tap here to enter text.	

M Stage (M1)	Click or tap here to enter text.
Location of Distant Metastasis:	Click or tap here to enter text.

Number of ports/angles/fields

Phase 1 Click or tap here to enter text.

Phase 2 Click or tap here to enter text.

Phase 3 Click or tap here to enter text.

Type of Imaging: Port Films IGRT IGRT Frequency: Click or tap here to enter text.

Will concurrent (simultaneous) chemotherapy be administered during this course of treatment?

YES NO **Chemotherapy name:** Click or tap here to enter text. Chemo dates: Click or tap here to enter text.

CPT Code 77370 Special Physics
CPT Code 77470 Special Treatment
CPT Code 77331 Special Dosimetry

Rationale (Reason) Click or tap here to enter text.
Rationale (Reason) Click or tap here to enter text.
Rationale (Reason) Click or tap here to enter text.

Additional comments or details: Click or tap here to enter text.

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.