

## **Radiation Therapy Pancreas 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 <a href="RadMD.com">RadMD.com</a>. As an alternative, you may also contact our Evolent Call Center.

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

General Informa	ation						
Patient Name:							
Date of Birth:							
Health Plan and Member							
Treatment Planning Start	Date (i.e., Initial Simulat	ion):					
Treatment Start Date:							
Clinical Information							
ICD-10 Code(s):							
_	What is the treatment site?						
E	ach treatment site requi		ation.				
	What is Treatment Intent?						
What is the treatment p		e/ Palliative					
	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 $\square$ NO $\square$						
	therapy? YES □ NO □	If yes, provide details of	prior site & total dose along				
with completion date:							
What is the DOSE that will be used for each phase of treatment?							
Phase 1							
Phase 2							
Phase 3	TE THE NUMBER OF	EDA OTIONO FOR FA	OU BUACE BELOW				
PLEASE INDICATE THE NUMBER OF FRACTIONS FOR EACH PHASE BELOW							
Phase 1	Phase 2	Phase 3	Treatment				
	(Boost)						
			Superficial /				
			Orthovoltage				
			2D Radiation Therapy				
			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 NO			
	Ħ				IORT			
					Machine Name:			
	H				LDR Brachytherapy			
					251t Braonymorapy			
					HDR Brachytherapy			
	Р	lan Type: <b>IMRT</b> :	3D: Plan T	ype for SBRT/SRS/SRT a	nd Proton Beam Therapy			
			Site Specific Question	s for Pancreatic Cancer:				
		eatment Intent: Curativ	e or Palliative					
Treatment Timing:  Pre operative/ Resectable Post operative Unresectable Palliative Recurrence after								
	resection							
	Metastatic Disease: Yes No							
		<b>umber of ports/angles/fi</b> 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.							

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:	
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.	