Radiation Therapy Anal 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. 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? Click or tap here to enter text. Curative/ Palliative Click or tap here to enter text.
What is the treatment prescription dose for the course of treatment? Click or tap here to enter text.
What is the **radiation therapy** treatment start date? Click or tap here to enter text.
Does the member have distant metastases (stage VI or M1) (i.e., disease spread to bone, liver, lung, brain)? Click or tap here to enter text.
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*: Click or tap here to enter text.
What is the DOSE that will be used for each phase of treatment? **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.

PLEASE INDICATE THE NUMBER OF FRACTIONS FOR EACH PHASE BELOW

Phase 1	Phase 2 (Boost)	Phase 3	Treatment
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	**Superficial / Orthovoltage**
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	**2D Radiation Therapy**
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	**3D Radiation Therapy**
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	**Electron Beam Therapy**
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	**Intensity Modulated Radiation Therapy (IMRT)**
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	**Proton Beam Therapy**

Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	**Stereotactic Radiosurgery & Stereotactic Radiation Therapy (SRS/SRT)**
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	**Stereotactic Body Radiation Therapy (SBRT)**
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	**Gamma Knife** YES☐NO☐
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	**IORT** **Machine Name:** Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	**LDR Brachytherapy**
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	**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.

Number of ports/angles/fields
Phase 1Click or tap here to enter text.
Phase 2Click or tap here to enter text.
Phase 3Click 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 **Rationale (Reason)** **Click or tap here to enter text.**
CPT Code 77470 Special Treatment **Rationale (Reason)Click or tap here to enter text.**
CPT Code 77331 Special Dosimetry **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.