

Radiation Therapy Checklist:

This information is needed for treatment plan entry into Eviti Connect

Eviti Fax: 888-468-1423

| | | | | |
|-----------------------------------|-------------------------------------|----------|------------|------------|
| Patient Name | | | | |
| Patient Date of Birth | | | | |
| Patient Zip Code | | | | |
| Insurance Plan | | | | |
| Insurance ID | | | | |
| Submitter Name | | | | |
| Submitter Email | | | | |
| Submitter Phone and Fax | | | | |
| Ordering Provider Name | | | | |
| Provider TIN and NPI | | | | |
| Site of Service name | | | | |
| Site of Service address | | | | |
| Site of Service TIN and NPI | | | | |
| Inpatient or Outpatient | Circle one: Inpatient Outpatient | | | |
| Cancer Type | | | | |
| Pathology | | | | |
| Clinical Stage (TNM) | | | | |
| ICD 10 Code | | | | |
| Radiation Target Site | | | | |
| Treatment Start Date | | | | |
| Line of Treatment (Circle one) | Neoadjuvant | Adjuvant | Definitive | Palliative |

| | | | |
|---|--|-----------|----------|
| Phase 1 | | | |
| Radiation Dose (Gy) | | | |
| Number of fractions | | | |
| Particle Type (Circle one) | Photons | Electrons | Protons |
| Delivery Technique (Circle one) | | | CPT Code |
| | Superficial/Orthovoltage | | 77401 |
| | Simple | | 77402 |
| | Intermediate | | 77407 |
| | Complex | | 77412 |
| | Intensity Modulated Radiation Therapy (IMRT) | | 77385 |
| Single Fraction Stereotactic Radiotherapy | | 77371 | 77372 |

| | | | | | |
|--|--|-------|-------|-------|-------|
| | Multi-fraction Stereotactic Radiotherapy | | | 77373 | C9795 |
| | Proton – simple | | | 77520 | 77522 |
| | Proton - Intermediate | | | 77523 | |
| | Proton - Complex | | | 77525 | |
| Is daily image guidance being prescribed? | Yes | | | No | |
| If yes, please circle image guidance code being used | 77014 | 77387 | G6001 | G6002 | G6017 |
| <p>*Please note: IGRT is generally not necessary for 3D conformal radiation and will require patient specific rationale for authorization. If unsure, please check with MD before circling yes, and submit the patient specific rationale for IGRT. Failure to submit documentation may impact authorization.</p> <p>*One type of imaging (delivery code) is allowed per treatment plan.</p> | | | | | |

| | | | | | | |
|--|--|-------|-----------|-------|----------|-------|
| Phase 2 | | | | | | |
| Radiation Dose (Gy) | | | | | | |
| Number of fractions | | | | | | |
| Particle Type (Circle one) | Photons | | Electrons | | Protons | |
| Delivery Technique (Circle one) | | | | | CPT Code | |
| | Superficial/Orthovoltage | | | | 77401 | |
| | Simple | | | | 77402 | |
| | Intermediate | | | | 77407 | |
| | Complex | | | | 77412 | |
| | Intensity Modulated Radiation Therapy (IMRT) | | | | 77385 | 77386 |
| | Single Fraction Stereotactic Radiotherapy | | | | 77371 | 77372 |
| | Multi-fraction Stereotactic Radiotherapy | | | | 77373 | C9795 |
| | Proton – simple | | | 77520 | 77522 | |
| | Proton - Intermediate | | | 77523 | | |
| | Proton - Complex | | | 77525 | | |
| Is daily image guidance being prescribed? | Yes | | | No | | |
| If yes, please circle code being used | 77014 | 77387 | G6001 | G6002 | G6017 | |
| <p>*Please note: IGRT is generally not necessary for 3D conformal radiation and will require patient specific rationale for authorization. If unsure, please check with MD before circling yes, and submit the patient specific rationale for IGRT. Failure to submit documentation may impact authorization.</p> <p>*One type of imaging (delivery code) is allowed per treatment plan.</p> | | | | | | |

| Brachytherapy | | |
|-----------------------|----------------------------|-------|
| High Dose Rate | | |
| Number of Channels | | |
| Number of Fractions | | |
| Total Dose (Gy) | | |
| | Iridium-192 High Dose Rate | C1717 |
| Low Dose Rate | | |
| Total Dose (Gy) | | |

| Delivery Technique | Simple | Intermediate | Complex |
|--------------------|--------------------------------|---------------|---------|
| Application | Interstitial | Intracavitary | Surface |
| | Cesium -131 Non-stranded | | C2643 |
| | Cesium-131 Stranded | | C2642 |
| | Iodine-125 Non-stranded | | C2639 |
| | Iodine-125 Stranded | | C2638 |
| | Iridium-192 Non-High Dose Rate | | C1719 |
| | Palladium-103 Non-stranded | | C2636 |
| | Palladium-103 Stranded | | C2640 |

Please Circle Requested Codes:

| 2D and 3D conformal Treatments | |
|---------------------------------------|---|
| 77401 | Radiation treatment delivery, superficial and/or ortho voltage |
| 77402 | Radiation treatment delivery, >1 MeV; simple |
| 77407 | Radiation treatment delivery, >1 MeV; intermediate |
| 77412 | Radiation treatment delivery, >1 MeV; complex |
| G6003 | Radiation treatment delivery, single treatment area, up to 5MeV |
| G6004 | Radiation treatment delivery, single treatment area, 6-10MeV |
| G6005 | Radiation treatment delivery, single treatment area, 11-19MeV |
| G6006 | Radiation treatment delivery, single treatment area, 20MeV or greater |
| G6007 | Radiation treatment delivery, 2 separate treatment areas, up to 5MeV |
| G6008 | Radiation treatment delivery, 2 separate treatment areas, 6-10MeV |
| G6009 | Radiation treatment delivery, 2 separate treatment areas, 11-19MeV |
| G6010 | Radiation treatment delivery, 2 separate treatment areas, 20MeV or greater |
| G6011 | Radiation treatment delivery, 3 or more separate treatment areas, up to 5MeV |
| G6012 | Radiation treatment delivery, 3 or more separate treatment areas, 6-10MeV |
| G6013 | Radiation treatment delivery, 3 or more separate treatment areas, electron beam; 11-19MeV |
| G6014 | Radiation treatment delivery, 3 or more separate treatment areas, electron beam; 20MeV or greater |
| IMRT | |
| 77385 | Intensity modulated radiation treatment delivery (IMRT), simple |
| 77386 | Intensity modulated radiation treatment delivery (IMRT), complex |
| G6015 | Intensity modulated treatment delivery, single or multiple fields/arcs |
| G6016 | Compensator-based beam modulation treatment delivery of inverse planned treatment |
| Radiosurgery | |
| 77371 | Stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based |
| 77372 | Stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based |
| 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions |
| C9795 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions. |
| Brachytherapy | |
| 77424 | Intraoperative radiation treatment delivery, x-ray, single treatment session |
| 77425 | Intraoperative radiation treatment delivery, electrons, single treatment session |
| 77750 | Infusion or instillation of radioelement solution |
| 77761 | Intracavitary radiation source application; simple |
| 77762 | Intracavitary radiation source application; intermediate |
| 77763 | Intracavitary radiation source application; complex |
| 77767 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, 1 channel |
| 77768 | Remote afterloading high dose rate radionuclide skin surface brachytherapy, 2 or more channels, or multiple lesions |
| 77770 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel |

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|---|---|
| 77771 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels |
| 77772 | Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels |
| 77778 | Interstitial radiation source application |
| 77789 | Surface application of low dose rate radionuclide source |
| 0394T | High dose rate electronic brachytherapy, skin surface application |
| 0395T | High dose rate electronic brachytherapy, interstitial or intracavitary treatment |
| Proton Therapy | |
| 77520 | Proton treatment delivery; simple, without compensation |
| 77522 | Proton treatment delivery; simple, with compensation |
| 77523 | Proton treatment delivery; intermediate |
| 77525 | Proton treatment delivery; complex |
| Image Guided Radiation Therapy (Technical charges only, one type of imaging allowed per date of service) | |
| G6017/0197T | Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy |
| 77014 | Computed tomography guidance for placement of radiation therapy fields |
| 77387 | Guidance for localization of target volume for delivery of radiation treatment delivery |
| G6001 | Ultrasonic guidance for placement of radiation therapy fields |
| G6002 | Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy |
| 77421 | Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy |
| 77417 | Therapeutic radiology port images or port films |
| Hyperthermia | |
| 77600 | Hyperthermia, externally generated; superficial |
| 77605 | Hyperthermia, externally generated; deep |
| 77610 | Hyperthermia generated by interstitial probe(s); < 5 applicators |
| 77615 | Hyperthermia generated by interstitial probe(s); > 5 applicators |
| 77620 | Hyperthermia generated by intracavitary probe(s) |