



Proton Beam Radiation Therapy Physician Worksheet

Fax completed forms to 877-361-7666

Requester Last Name:		Requester First Name:	
Telephone Number:		Fax Number:	
Is this the individual that should be contacted if we have questions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, who should we contact?		Telephone Number:	
Provider Information			
Radiation Oncologist:			
Telephone Number:		TIN:	
Street Address:			
City:	State:	Zip Code:	
Contact Last Name:		Contact First Name:	
Telephone Number:		Fax Number:	
Site Information			
Facility name:		TIN:	
Contact Last Name:		Contact First Name:	
Telephone Number:		Fax Number:	
Street Address:			
City:	State:	Zip Code:	
Insured Information			
Insured Last Name:		Insured First Name:	
Patient Last Name:		Patient First Name:	
Insured Identification Number:		Group #:	DOB: ____ / ____ / ____
Street Address:			
City:	State:	Zip Code:	
<i>Continued on next page</i>			

Clinical Information		
Anticipated therapy start date: ____ / ____ / ____	End date: ____ / ____ / ____	ICD-9 code:
1.	What is the primary site?	
	<input type="checkbox"/> Uveal melanoma <input type="checkbox"/> Localized prostate cancer <input type="checkbox"/> Other: _____ <input type="checkbox"/> Chordoma/chondrosarcoma at base of skull or cervical spine <input type="checkbox"/> Pituitary tumor <input type="checkbox"/> Central nervous system tumor <input type="checkbox"/> Pediatric radiosensitive tumor	
1a.	If the primary site is the uveal melanoma, what is the diameter and height of the tumor?	
	Tumor diameter: ____ mm Tumor height: ____ mm	
1b.	If the primary site is the central nervous system tumor, please describe the histology in the space below:	
2.	Does the member have distant metastatic disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is the member younger than 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Where is the treatment being directed?	
	<input type="checkbox"/> Primary site <input type="checkbox"/> Metastatic site - fill in the site being treated: _____	
5.	For which phase(s) will proton beam therapy be used?	
	<input type="checkbox"/> Entire treatment <input type="checkbox"/> Boost to conventional treatment	
6.	Has this site received previous radiation therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is the member being treated on a NCI registered clinical trial? <i>If yes, proceed to question #7a; if no, skip forward to question #8.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7a.	What is the NCI trial number?	
Continued on next page		

8.	What is the member's ECOG performance status?	<input type="checkbox"/> 0 - Fully active, able to carry on all pre-disease performance without restriction.
		<input type="checkbox"/> 1 - Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
		<input type="checkbox"/> 2 - Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
		<input type="checkbox"/> 3 - Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.
		<input type="checkbox"/> 4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.

9.	What is the CPT code and number of fractions that will be rendered for each phase of treatment? <i>Select the code for each phase of treatment, and fill in the number of fractions to be rendered for the selected code in each phase of treatment.</i>			
		Phase 1	Phase 2	Phase 3
	<u>CPT Code Descriptions</u>	<input type="checkbox"/> 77520	<input type="checkbox"/> 77520	<input type="checkbox"/> 77520
	77520: Proton treatment delivery; simple, without compensation	<input type="checkbox"/> 77522	<input type="checkbox"/> 77522	<input type="checkbox"/> 77522
	77522: Proton treatment delivery; simple, with compensation	<input type="checkbox"/> 77523	<input type="checkbox"/> 77523	<input type="checkbox"/> 77523
	77523: Proton treatment delivery; intermediate	<input type="checkbox"/> 77525	<input type="checkbox"/> 77525	<input type="checkbox"/> 77525
77525: Proton treatment delivery; complex	How many fractions? ____	How many fractions? ____	How many fractions? ____	

10.	Please note any additional information below. Attach consultation note if available.
-----	--