

Other Diagnosis - Stereotactic Radiation Therapy Treatment Plan Checklist

NIA has provided this checklist to assist you in gathering the clinical and treatment plan information needed to request a medical necessity review. The most efficient way to submit a review request is via www.RadMD.com or call the NIA Call Center toll free number. Please **do not fax** the checklist to NIA.

General Information	
Patient Name :	DOB: Health Plan ID :
Radiation Oncologist :	Radiation Therapy Facility :
Treatment Planning Start Date (i.e. Initial Simulation) :	Anticipated Treatment Start Date :
Patient Clinical Information	
<input checked="" type="checkbox"/> What is the condition being treated?	
Treatment Planning Information	
<input checked="" type="checkbox"/> Which technique will be used? <input type="checkbox"/> Robotic – Linac Multi-Angle <input type="checkbox"/> Robotic – Tomotherapy <input type="checkbox"/> CyberKnife <input type="checkbox"/> Non-Robotic – Linac Multi-Angle <input type="checkbox"/> Non-Robotic - Tomotherapy <input type="checkbox"/> Gamma Knife <input type="checkbox"/> Other Explain:	
<input checked="" type="checkbox"/> How many lesions/volumes of interest?	<input checked="" type="checkbox"/> How many fractions per lesion?
<input checked="" type="checkbox"/> How is each lesion treated? <input type="checkbox"/> All lesions treated on the same date of service <input type="checkbox"/> All lesions treated on separate dates <input type="checkbox"/> Other Explain	
<input checked="" type="checkbox"/> Please provide clinical rationale for treating lesions separately (if applicable)	
<input checked="" type="checkbox"/> Please provide any additional any additional clinical or treatment information you wish to include pertaining to this patient’s treatment?	

SRS/SBRT CPT Codes Requiring Pre-Authorization: 77371, 77372, 77373, 77432, 77435, G0173, G0251, G0339, G0340