

Spine - 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		
What Condition is being treated?		
<input type="checkbox"/> Arteriovenous Malformation (AVM)		
<input type="checkbox"/> Spinal Lesion		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>✓ What is the type of lesion/tumor?</p> <p>✓ Initial or recurrent lesion? <input type="checkbox"/> Initial <input type="checkbox"/> Recurrent</p> <p>✓ Amenable to surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>✓ Causing spinal cord compression? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <div style="width: 45%;"> <p>✓ Primary or metastatic? <input type="checkbox"/> Primary <input type="checkbox"/> Metastatic</p> <p>✓ Causing intractable pain? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> </div>		
Treatment Planning Information ¹		
<p>✓ Which technique will be used? <input type="checkbox"/> Robotic – Linac Multi-Angle <input type="checkbox"/> Robotic – Tomotherapy <input type="checkbox"/> CyberKnife</p> <p style="padding-left: 40px;"><input type="checkbox"/> Non-Robotic – Linac Multi-Angle <input type="checkbox"/> Non-Robotic - Tomotherapy <input type="checkbox"/> Gamma Knife</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other Explain:</p>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>✓ How many lesions/volumes of interest?</p> <p>✓ 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</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other Explain</p> </div> <div style="width: 45%;"> <p>✓ How many fractions per lesion?</p> </div> </div>		
<p>✓ Please provide clinical rationale for treating lesions separately (if applicable)</p> <p>✓ Please provide any additional any additional clinical or treatment information you wish to include pertaining to this patient’s treatment?</p>		

¹ SRS/SBRT CPT Codes Requiring Pre-Authorization 77371, 77372, 77373, 77432, 77435, G0173, G0251, G0339, G0340