



Uveal Tract Melanoma - 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 Treatment Facility :	
Treatment Planning Start Date: (i.e. Initial Simulation) :	Anticipated Treatment Start Date :	
Treatment Planning Information		
<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: 100px;"><input type="checkbox"/> Non-Robotic – Linac Multi-Angle <input type="checkbox"/> Non-Robotic - Tomotherapy <input type="checkbox"/> Gamma Knife</p> <p style="padding-left: 100px;"><input type="checkbox"/> Other Explain:</p> <p>✓ How many fractions will be delivered?</p> <p>✓ Please provide any additional any additional clinical or treatment information you wish to include pertaining to this patient’s treatment?</p>		

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