



## Breast Cancer 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](http://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 :		Breast Surgeon :	
Radiation Therapy Facility :			
Treatment Planning Start Date (i.e. Initial Simulation):		Anticipated Treatment Start Date:	
Patient Clinical Information			
<input checked="" type="checkbox"/> <b>Treatment Intent :</b> <input type="checkbox"/> Curative <input type="checkbox"/> Palliative			
<input checked="" type="checkbox"/> <b>Treatment Timing :</b> <input type="checkbox"/> Post-Lumpectomy <input type="checkbox"/> Post-Mastectomy <input type="checkbox"/> Other			
<b>T Stage:</b> <input type="checkbox"/> TX <input type="checkbox"/> Tis (DCIS) <input type="checkbox"/> Tis (LCIS) <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4	<b>N Stage:</b> <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3  <b>Does patient have distant metastasis (M1)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Margin Status:</b> <input type="checkbox"/> Negative <input type="checkbox"/> Close <input type="checkbox"/> Positive  <input checked="" type="checkbox"/> <b>Lymph Node Involvement:</b> <input type="checkbox"/> None <input type="checkbox"/> Regional <input type="checkbox"/> Sentinel <input type="checkbox"/> Both Regional/Sentinel  <input checked="" type="checkbox"/> <b>Breast Being Treating:</b> <input type="checkbox"/> Right Breast <input type="checkbox"/> Left Breast  <input checked="" type="checkbox"/> <b>Area Being Treated:</b> <input type="checkbox"/> Whole Breast <input type="checkbox"/> Partial Breast <input type="checkbox"/> Chest Wall  <input checked="" type="checkbox"/> <b>Is Nodal Radiation Planned?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> <b>Has patient received pre-operative chemotherapy:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>For APBI Only</b> <input checked="" type="checkbox"/> <b>Tumor Size (cm):</b> <input checked="" type="checkbox"/> <b>Clinically Unifocal Tumor:</b> <input checked="" type="checkbox"/> <b>BRCA 1 or 2 Mutation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Treatment Planning Information			
1. Initial Treatment Phase (Select Therapy for Initial Phase of Treatment)			
<input type="checkbox"/> <b>2-Dimension Radiation Therapy:</b>	<input checked="" type="checkbox"/> Number of ports:	<input checked="" type="checkbox"/> Fractions Initial Phase :	Course Dose (Gy) :
<input checked="" type="checkbox"/> Will any of the following take place during the simulation: custom device created, tangent ports or custom blocking determined?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>3D Conformal Radiation Therapy:</b>	<input checked="" type="checkbox"/> Number of ports:	<input checked="" type="checkbox"/> Fractions Initial Phase :	Course Dose (Gy) :
<input checked="" type="checkbox"/> Will any of the following take place during the simulation: custom device created, tangent ports or custom blocking determined?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: 3D isodose planning (CPT® 77295) requires a tumor volume and at least one critical structure be contoured</i>			
<input type="checkbox"/> <b>Intensity Modulated Radiation</b>	<input checked="" type="checkbox"/> Number of ports:	<input checked="" type="checkbox"/> Fractions Initial Phase :	Course Dose (Gy) :
<input checked="" type="checkbox"/> Will any of the following take place during the simulation: custom device created, tangent ports or custom blocking determined?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Which technique will be used? <input type="checkbox"/> Linac Multi-Angle <input type="checkbox"/> Compensator-Based <input type="checkbox"/> Helical <input type="checkbox"/> Arc Therapy <input type="checkbox"/> Other			
<i>Note: Field in Field or forward planning is not considered IMRT</i>			
<input type="checkbox"/> <b>High Dose Rate (HDR) Brachytherapy</b>	<input checked="" type="checkbox"/> Fractions:		
<input checked="" type="checkbox"/> Will a tumor volume and at least one critical structure be contoured?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> HDR Image Guidance Technique: <input type="checkbox"/> None <input type="checkbox"/> CT Guidance <input type="checkbox"/> X-ray films <input type="checkbox"/> Ultrasound			
<input type="checkbox"/> <b>Image Guidance (IGRT) Technique:</b> <input type="checkbox"/> None <input type="checkbox"/> CT Guidance <input type="checkbox"/> Stereoscopic Guidance			

Requests for special dosimetry (CPT® 77331), special physics consultation (CPT® 77370) and special treatment procedure (CPT® 77470) require clinical rationale for review. Please note the rationale for each service at the end of the checklist.



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<b>2. Boost Phase # 1 (Select Therapy for Boost Phase)</b>		
<input type="checkbox"/> <b>Electron</b>		✓ Fractions :
✓ Will computer based planning be used?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Photon (2D or 3D)</b>	✓ Number of ports:	✓ Fractions :
<input type="checkbox"/> <b>High Dose Rate (HDR) Brachytherapy</b>		
✓ Fractions:		
✓ Type of brachytherapy boost : <input type="checkbox"/> Tube and Button <input type="checkbox"/> Intracavitary Applicator <input type="checkbox"/> External Applicator <input type="checkbox"/> Other		
✓ Will a tumor volume and at least one critical structure be contoured?		<input type="checkbox"/> Yes <input type="checkbox"/> No
✓ HDR Image Guidance Technique: <input type="checkbox"/> None <input type="checkbox"/> CT Guidance <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray films		
<input type="checkbox"/> <b>Other</b>		
✓ Fractions :		✓ Number of ports/arcs :
<b>3. Boost Phase # 2 (Select Therapy for Boost Phase)</b>		
<input type="checkbox"/> <b>Electron</b>		✓ Fractions :
✓ Will computer based planning be used?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>Photon (2D or 3D)</b>	✓ Number of ports:	✓ Fractions :
<input type="checkbox"/> <b>High Dose Rate (HDR) Brachytherapy</b>		
✓ Fractions:		
✓ Type of brachytherapy boost : <input type="checkbox"/> Tube and Button <input type="checkbox"/> Intracavitary Applicator <input type="checkbox"/> External Applicator <input type="checkbox"/> Other		
✓ Will a tumor volume and at least one critical structure be contoured?		<input type="checkbox"/> Yes <input type="checkbox"/> No
✓ HDR Image Guidance Technique: <input type="checkbox"/> None <input type="checkbox"/> CT Guidance <input type="checkbox"/> Ultrasound <input type="checkbox"/> X-ray films		
<input type="checkbox"/> <b>Other</b>		
✓ Fractions :		✓ Number of ports/arcs :

<b>Special Services – Please note if you are faxing additional information</b>
<input type="checkbox"/> <b>Special Dosimetry (CPT® 77331)</b> Provide requested quantity and the rationale for performing the service.
<input type="checkbox"/> <b>Special Physics Consultation (CPT® 77370)</b> Provide the rationale for performing the service.
<input type="checkbox"/> <b>Special Treatment Procedure (CPT® 77470)</b> Provide the rationale for performing the service.