



Prostate 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 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 :		
Patient Clinical Information			
Treatment Intent : <input type="checkbox"/> Primary Therapy <input type="checkbox"/> Adjuvant – Post-Prostatectomy <input type="checkbox"/> Palliative			
For Primary Therapy :			
T Stage: <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> T1 <input type="checkbox"/> T1a <input type="checkbox"/> T1b <input type="checkbox"/> T1c <input type="checkbox"/> T2 <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T2c <input type="checkbox"/> T3 <input type="checkbox"/> T3a <input type="checkbox"/> T3b <input type="checkbox"/> T4	Does patient have distant metastasis (M1)? <input type="checkbox"/> Yes <input type="checkbox"/> No Gleason Score:	PSA Levels : <input checked="" type="checkbox"/> Most recent PSA Level (ng/ml): <input checked="" type="checkbox"/> Date of this result: <input checked="" type="checkbox"/> PSA Density (ng/ml) (optional) Biopsy Cores: (optional) <input checked="" type="checkbox"/> Number of positive biopsy cores? <input checked="" type="checkbox"/> Percentage of cancer in each core?	
ADT (Androgen Deprivation Therapy): <input type="checkbox"/> None <input type="checkbox"/> Short-term (4-6 months) <input type="checkbox"/> Long-term (2+yrs) (optional)			
For Post Prostatectomy :	<input checked="" type="checkbox"/> Most recent PSA Level (ng/ml):	<input checked="" type="checkbox"/> Date of this result:	
If post-prostatectomy, are any of the following applicable?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Gross Positive Margins	
	<input type="checkbox"/> Seminal Vesicle Invasion	<input type="checkbox"/> Extracapsular Extension	
	<input type="checkbox"/> Detectable PSA or initially undetectable PSA but with recent detectable and rising values on 2 or more measurements with no evidence of metastatic disease.		
Treatment Planning Information			
1. Initial Treatment Phase (Select Therapy for Initial Phase of Treatment)			
<input type="checkbox"/> 2-Dimension Radiation Therapy:	<input checked="" type="checkbox"/> Number of ports:	<input checked="" type="checkbox"/> Fractions :	<input checked="" type="checkbox"/> Course Dose (Gy) :
<input checked="" type="checkbox"/> Will any of the following take place during the simulation: custom device created, contrast utilized or custom blocking determined?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 3D Conformal Radiation Therapy:	<input checked="" type="checkbox"/> Number of ports:	<input checked="" type="checkbox"/> Fractions :	<input checked="" type="checkbox"/> Course Dose (Gy) :
<input checked="" type="checkbox"/> Will any of the following take place during the simulation: custom device created, contrast utilized or custom blocking determined?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Intensity Modulated Radiation	<input checked="" type="checkbox"/> Number of ports/arcs:	<input checked="" type="checkbox"/> Fractions :	<input checked="" type="checkbox"/> Course Dose (Gy) :
<input checked="" type="checkbox"/> Will any of the following take place during the simulation: custom device created, contrast utilized 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			
<input type="checkbox"/> Low -Dose Rate (LDR) Brachytherapy- Seed Implant			
<input checked="" type="checkbox"/> Will a tumor volume and at least one critical structure be contoured for brachytherapy planning?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> High Dose Rate (HDR) Brachytherapy		<input checked="" type="checkbox"/> Fractions:	
<input type="checkbox"/> Image Guidance (IGRT) Technique: <input type="checkbox"/> None <input type="checkbox"/> CT Guidance <input type="checkbox"/> Stereoscopic using fiducials <input type="checkbox"/> Ultrasound <input type="checkbox"/> Other			

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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2. Boost Phase # 1 (Select Therapy for Boost Phase)		
<input type="checkbox"/> 2D Radiation Therapy:	✓ Number of ports:	✓ Fractions :
<input type="checkbox"/> 3D Conformal Radiation Therapy:	✓ Number of ports:	✓ Fractions :
<input type="checkbox"/> Intensity Modulated Radiation Therapy	✓ Number of ports/arcs?	✓ Fractions :
✓ 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		
<input type="checkbox"/> Low -Dose Rate (LDR) Brachytherapy- Seed Implant		
✓ Will a tumor volume and at least one critical structure be contoured for brachytherapy planning?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> High Dose Rate (HDR) Brachytherapy	✓ Fractions:	
<input type="checkbox"/> Image Guidance (IGRT) Technique: <input type="checkbox"/> None <input type="checkbox"/> CT Guidance <input type="checkbox"/> Stereoscopic using fiducials <input type="checkbox"/> Ultrasound <input type="checkbox"/> Other		
3. Boost Phase # 2 (Select Therapy for Boost Phase)		
<input type="checkbox"/> 2D Radiation Therapy:	✓ Number of ports:	✓ Fractions :
<input type="checkbox"/> 3D Conformal Radiation Therapy:	✓ Number of ports:	✓ Fractions :
<input type="checkbox"/> Intensity Modulated Radiation Therapy	✓ Number of ports/arcs?	✓ Fractions :
✓ 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		
<input type="checkbox"/> Low -Dose Rate (LDR) Brachytherapy- Seed Implant		
✓ Will a tumor volume and at least one critical structure be contoured for brachytherapy planning?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> High Dose Rate (HDR) Brachytherapy	✓ Fractions:	
<input type="checkbox"/> Image Guidance (IGRT) Technique: <input type="checkbox"/> None <input type="checkbox"/> CT Guidance <input type="checkbox"/> Stereoscopic using fiducials <input type="checkbox"/> Ultrasound <input type="checkbox"/> Other		

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