

Small Cell Lung Cancer (SCLC) 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			
T Stage: <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4	N Stage: <input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3 Does patient have distant metastasis (M1)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Cancer Stage: <input type="checkbox"/> Limited <input type="checkbox"/> Extensive <input checked="" type="checkbox"/> Treatment Intent : <input type="checkbox"/> Curative <input type="checkbox"/> Palliative <input checked="" type="checkbox"/> If palliative, what is the reason for radiation therapy? (e.g. airway obstruction, hemoptysis pain, etc.) <input checked="" type="checkbox"/> Is chemotherapy planned : <input type="checkbox"/> Yes <input type="checkbox"/> No	
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"/> Total 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"/> Total 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 Therapy:	<input checked="" type="checkbox"/> Number of ports/arcs:	<input checked="" type="checkbox"/> Fractions :	<input checked="" type="checkbox"/> Total 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"/> High Dose Rate (HDR) Brachytherapy:	<input checked="" type="checkbox"/> Fractions:		
<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"/> Image Guidance (IGRT) Technique: <input type="checkbox"/> None <input type="checkbox"/> CT Guidance <input type="checkbox"/> Stereoscopic with fiducial markers <input type="checkbox"/> Other			
PCI Phase (if needed)			
<input type="checkbox"/> Prophylactic Cranial Irradiation (PCI)	<input checked="" type="checkbox"/> Number of ports:	<input checked="" type="checkbox"/> Fractions :	<input checked="" type="checkbox"/> Total Course Dose (Gy) :
<input checked="" type="checkbox"/> What is the type of PCI performed? <input type="checkbox"/> 2D <input type="checkbox"/> 3D <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.

2. Boost Phase # 1 (Select Therapy for Boost Phase)		
<input type="checkbox"/> 2-Dimension Radiation Therapy:	✓ Number of ports:	✓ Fractions :
✓ Will a new CT be performed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 3D Conformal Radiation Therapy:	✓ Number of ports:	✓ Fractions :
✓ Will a new CT be performed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<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		
✓ Will a new CT be performed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	✓ Number of ports:	✓ Fractions :
✓ What is the other type of boost for the first boost treatment?		
<input type="checkbox"/> Guidance (IGRT) Technique: <input type="checkbox"/> None <input type="checkbox"/> CT Guidance <input type="checkbox"/> Stereoscopic with fiducial markers <input type="checkbox"/> Other		
3. Boost Phase # 2 (Select Therapy for Boost Phase)		
<input type="checkbox"/> 2-Dimension Radiation Therapy:	✓ Number of ports:	✓ Fractions :
✓ Will a new CT be performed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 3D Conformal Radiation Therapy:	✓ Number of ports:	✓ Fractions :
✓ Will a new CT be performed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Intensity Modulated Radiation Therapy:		
✓ 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		
✓ Will a new CT be performed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other	✓ Number of ports:	✓ Fractions :
✓ What is the other type of boost for the first boost treatment?		
<input type="checkbox"/> Guidance (IGRT) Technique: <input type="checkbox"/> None <input type="checkbox"/> CT Guidance <input type="checkbox"/> Stereoscopic with fiducial markers <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.