



RadOnc Breast Cancer Checklist

Evolent (NIA) has provided this checklist to help you in gathering the information needed to request a medical necessity review. Please complete this form and include any applicable clinical documentation (i.e., comparison plan, radiation therapy consultation, imaging results etc.) prior to submitting the case on www.radmd.com. As an alternative, you may also contact our Evolent (NIA) Call Center.

Please note new case requests may not be started by fax.

General Information			
Patient Name:			
Date of Birth:			
Health Plan and Member ID:			
Treatment Planning Start Date (i.e., Initial Simulation):			
Treatment Start Date:			
Clinical Information			
ICD-10 Code(s):			
What is the treatment site? Each treatment site requires a separate authorization.			
What is Treatment Intent? Curative/ Palliative			
What is the treatment prescription dose for the course of treatment?			
What is the radiation therapy treatment start date?			
Does the member have distant metastases (stage VI or M1) (i.e., disease spread to bone, liver, lung, brain)?			
Will all radiation treatment be done at the same facility? YES or NO?			
History of prior radiation therapy? YES or NO? <i>If yes, provide details of prior site & total dose along with completion date:</i>			
What is the DOSE that will be used for each phase of treatment?			
Phase 1			
Phase 2			
Phase 3			
PLEASE INDICATE THE NUMBER OF FRACTIONS FOR EACH PHASE BELOW			
Phase 1	Phase 2 (Boost)	Phase 3	Treatment
			Superficial / Orthovoltage
			2D Radiation Therapy
			3D Radiation Therapy
			Electron Beam Therapy
			Intensity Modulated Radiation Therapy (IMRT)

			Proton Beam Therapy
			Stereotactic Radiosurgery & Stereotactic Radiation Therapy (SRS/SRT)
			Stereotactic Body Radiation Therapy (SBRT)
			Gamma Knife YES or NO?
			IORT Machine Name:
			LDR Brachytherapy
			HDR Brachytherapy

Plan Type: IMRT:

3D:

Plan Type for SBRT/SRS/SRT and Proton Beam Therapy

Site Specific Questions for Breast Cancer:

Right breast:

Left Breast:

Type of surgery: Post-Lumpectomy (partial mastectomy):

Post-Mastectomy:

Staging

T Stage	N Stage
TX	NX
Tis (DCIS)	N0
Tis (LCIS)	N1
T1	N2
T2	N3
T3	
T4	

M Stage (M1)	
Location of Distant Metastasis:	

Nodal Radiation: Yes

No

Accelerated partial breast irradiation (APBI):

Lymphovascular invasion	Yes	No
Estrogen Receptor	Positive	Negative
Surgical Margins	Positive/Closed	Negative
Tumor Size		
Unifocal	Yes	No

Number of ports/angles/fields

Phase 1

Phase 2

Phase 3

Type of Imaging: Port Films IGRT IGRT Frequency:

Will concurrent (simultaneous) chemotherapy be administered during this course of treatment?

YES or NO? **Chemotherapy name:**

Chemo dates:

CPT Code 77370 Special Physics	Rationale (Reason)
CPT Code 77470 Special Treatment	Rationale (Reason)
CPT Code 77331 Special Dosimetry	Rationale (Reason)

Additional comments or details:

Please be ready to submit any results of imaging (ultrasounds, x-rays, MRIs, PET Scans, CTs, DVH's) from the past 3 months and radiation therapy prescription plans in addition to the clinical treatment plan. This will assist in the review process. Failure to provide all relevant documentation may cause a delay.