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

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB</th>
<th>Health Plan ID</th>
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<tr>
<th>Radiation Oncologist</th>
<th>Radiation Therapy Facility</th>
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<tr>
<th>Treatment Planning Start Date (i.e. Initial Simulation)</th>
<th>Anticipated Treatment Start Date</th>
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### Patient Clinical Information

- **T Stage:**
  - TX
  - T0
  - Tis
  - T1
  - T2
  - T3
  - T4

- **N Stage:**
  - NX
  - N0
  - N1
  - N2
  - N3

- Does patient have distant metastasis (M1)?
  - Yes
  - No

- Cancer Stage: □ Limited □ Extensive
- Treatment Intent: □ Curative □ Palliative
- If palliative, what is the reason for radiation therapy? (e.g. airway obstruction, hemoptysis, pain, etc.)
- Is chemotherapy planned: □ Yes □ No

### Treatment Planning Information

**What is the prescription radiation dose for the ENTIRE course of external beam treatment?**

**Gy**

**Initial Treatment Phase - Select Therapy**

- □ 2-Dimension □ 3D Conformal □ IMRT

**2-Dimension**
- Fractions: _____

**3D Conformal**
- Number of ports/arcs/fields: _____

**IMRT**
- Will any of the following take place during the simulation: custom device created, contrast utilized or custom blocking determined? □ Yes □ No

**IMRT Only**
- Which technique will be used? □ Linac Multi-Angle □ Compensator-Based □ Helical □ Arc Therapy □ Other
- Will techniques to account for respiratory motion be performed? □ Yes □ No

**Note:** IMRT treatment requests will be reviewed for medical necessity by a radiation oncologist. Clinical rationale for performing IMRT is required and should include a comparison 3D-CRT plan and tissue constraints and target goals of the plan. Field in field or forward planning is not considered IMRT.

- □ SBRT

  - Number of ports/arcs/fields: _____
  - Fractions: _____

  - Which technique will be used? □ Robotic-Linac Multi-Angle □ Robotic-Tomotherapy □ Robotic-Cyberknife □ Non-Robotic

- □ High Dose Rate (HDR) Brachytherapy

  - Fractions: _____

  - Will a tumor volume and at least one critical structure be contoured for brachytherapy planning? □ Yes □ No

- □ Image Guidance (IGRT) Technique

  - □ None (select none for port films)
  - □ CT Guidance (Conebeam CT)
  - □ Stereoscopic Guidance (kV or mV with fiducial markers) □ Other

  - At what frequency will the IGRT be performed? □ Daily □ 1 time per week □ Other
**PCI Phase (if needed)**

- **Prophylactic Cranial Irradiation (PCI)**
  - Total PCI Dose (Gy): ____
  - Fractions: ____
  - Number of ports/fields: ____
  - What is the type of PCI performed? [ ] 2D [ ] 3D [ ] Other

**Boost Phase 1 - Select Therapy**

- **2-Dimension**
  - Fractions: ____

- **3D Conformal**
  - Number of ports/arc/fields: ____

- **IMRT**
  - Will a new CT be performed? [ ] Yes [ ] No
  - Which technique will be used? [ ] Linac Multi-Angle [ ] Compensator-Based [ ] Helical [ ] Arc Therapy [ ] Other
  - Will techniques to account for respiratory motion be performed? [ ] Yes [ ] No

- **Image Guidance (IGRT) Technique:**
  - None (select none for port films)
  - CT Guidance (Conebeam CT)
  - Stereoscopic Guidance (kV or mV with fiducial markers)
  - Other
  - At what frequency will the IGRT be performed? [ ] Daily [ ] 1 time per week [ ] Other

**Boost Phase 2 - Select Therapy**

- **2-Dimension**
  - Fractions: ____

- **3D Conformal**
  - Number of ports/arc/fields: ____

- **IMRT**
  - Will a new CT be performed? [ ] Yes [ ] No
  - Which technique will be used? [ ] Linac Multi-Angle [ ] Compensator-Based [ ] Helical [ ] Arc Therapy [ ] Other
  - Will techniques to account for respiratory motion be performed? [ ] Yes [ ] No

- **Image Guidance (IGRT) Technique:**
  - None (select none for port films)
  - CT Guidance (Conebeam CT)
  - Stereoscopic Guidance (kV or mV with fiducial markers)
  - Other
  - At what frequency will the IGRT be performed? [ ] Daily [ ] 1 time per week [ ] Other

**Note:** IMRT treatment requests will be reviewed for medical necessity by a radiation oncologist. Clinical rationale for performing IMRT is required and should include a comparison 3D-CRT plan and tissue constraints and target goals of the plan. Field in field or forward planning is not considered IMRT.

**Special Services – Please note if you are faxing additional information**

- **Special Dosimetry (CPT® 77331)** Provide requested quantity and the rationale for performing the service.

- **Special Physics Consultation (CPT® 77370)** Provide the rationale for performing the service.

- **Special Treatment Procedure (CPT® 77470)** Provide the rationale for performing the service.