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

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

### Patient Clinical Information

<table>
<thead>
<tr>
<th>T Stage:</th>
<th>N Stage:</th>
<th>T Treatment Intent:</th>
<th>Reason for palliative treatment:</th>
<th>Treatment Timing:</th>
<th>Margin Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TX</td>
<td>NX</td>
<td>Curative</td>
<td></td>
<td>Primary</td>
<td>Positive</td>
</tr>
<tr>
<td>T0</td>
<td>N0</td>
<td>Palliative</td>
<td></td>
<td>Pre-Operative</td>
<td>Negative</td>
</tr>
<tr>
<td>Tis</td>
<td>N1</td>
<td></td>
<td></td>
<td>Post-Operative</td>
<td>Close</td>
</tr>
<tr>
<td>T1</td>
<td>N2</td>
<td></td>
<td></td>
<td></td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Does patient have distant metastasis (M1)?

- [ ] Yes
- [ ] No

Is this a recurrent tumor?

- [ ] Yes
- [ ] No

Is chemotherapy planned?

- [ ] Yes
- [ ] No

### Treatment Planning Information

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

<table>
<thead>
<tr>
<th>Initial Treatment Phase – Select Therapy</th>
</tr>
</thead>
</table>

- [ ] 2-Dimension
- [ ] 3D Conformal
- [ ] IMRT

IMRT Only

- [ ] Yes
- [ ] No

Which technique will be used?

- [ ] Linac Multi-Angle
- [ ] Compensator-Based
- [ ] Helical
- [ ] Arc Therapy
- [ ] Other

Will any of the following take place during the simulation: custom device created, contrast utilized or custom blocking determined?

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>High Dose Rate (HDR) Brachytherapy</th>
<th>Fractions:</th>
</tr>
</thead>
</table>

- [ ] Will a tumor volume and at least one critical structure be contoured?
  - [ ] Yes
  - [ ] No

- [ ] HDR Image Guidance Technique:
  - [ ] None
  - [ ] CT Guidance
  - [ ] X-ray films
  - [ ] Ultrasound

<table>
<thead>
<tr>
<th>Low Dose Rate (LDR) Brachytherapy</th>
<th>Fractions:</th>
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</table>

- [ ] Will a tumor volume and at least one critical structure be contoured?
  - [ ] Yes
  - [ ] No

<table>
<thead>
<tr>
<th>IGRT Technique</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>None (select none for port films)</td>
<td>CT Guidance (Conebeam CT)</td>
</tr>
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</table>

- [ ] At what frequency will the IGRT be performed?
  - [ ] Daily
  - [ ] 1 time per week
  - [ ] Other

V1 01/1/2015
## Boost Phase 1 – Select Therapy

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td><strong>2-Dimension</strong></td>
<td>✓ Fractions: _____</td>
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<tr>
<td><strong>3D Conformal</strong></td>
<td>✓ Number of ports/arcs/fields: _____</td>
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<tr>
<td><strong>IMRT</strong></td>
<td>✓ Will a new CT be performed? □ Yes □ No □ NA</td>
</tr>
<tr>
<td><strong>IMRT Only</strong></td>
<td>✓ Which technique will be used? □ Linac Multi-Angle □ Compensator-Based □ Helical □ Arc Therapy □ Other</td>
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<tr>
<td><strong>Low Dose Rate (LDR)</strong></td>
<td>✓ Image Guidance Technique: □ None □ CT Guidance □ Ultrasound □ X-ray films</td>
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## Boost Phase 2 – Select Therapy

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<td>✓ Number of ports/arcs/fields: _____</td>
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<tr>
<td><strong>IMRT</strong></td>
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<tr>
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<td></td>
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<td>✓ Fractions: _____</td>
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<tr>
<td><strong>Low Dose Rate (LDR)</strong></td>
<td>✓ Image Guidance Technique: □ None □ CT Guidance □ Ultrasound □ X-ray films</td>
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### 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.