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>
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<thead>
<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

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<th>T Stage</th>
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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

- Number of ports/arcs/fields: _____

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

- 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?

**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: _____

- 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)

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

- At what frequency will the IGRT be performed?

- Daily
- 1 time per week
- Other
Small Cell Lung Cancer (SCLC) Radiation Therapy Treatment Plan Checklist
9/01/2012

PCI Phase (if needed)

☐ Prophylactic Cranial Irradiation (PCI)

- Total PCI Dose (Gy) : ______
- Number of ports/fields: ______
- Fractions : ______
- What is the type of PCI performed? 2D 3D Other

Boost Phase 1 - Select Therapy

☐ 2-Dimension
- Fractions : ______

☐ 3D Conformal
- Number of ports/arcs/fields: ______

☐ IMRT
- Will a new CT be performed? 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

☐ Image Guidance (IGRT) Technique:
- None for port films
- CT Guidance (Conebeam CT 77014)
- Stereoscopic Guidance (kV or mV with fiducial markers 77421)

- 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/arcs/fields: ______

☐ IMRT
- Will a new CT be performed? 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

☐ Image Guidance (IGRT) Technique:
- None for port films
- CT Guidance (Conebeam CT 77014)
- Stereoscopic Guidance (kV or mV with fiducial markers 77421)

- 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.