Skin Cancer - 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

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

### Patient Clinical Information

- **Type of Skin Cancer:**
  - Basal Cell
  - Squamous Cell
  - Melanoma
  - Other Specify: ____________________

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

- **How many sites are being treated:**
  - One
  - Two or More

  *When treating two or more sites, separate authorizations are required for each site being treated.*

- **Location of the skin lesion being treated:**
  - __________________________________________

- **Treatment intent/timing:**
  - Definitive
  - Post resection (primary site or node)
  - Recurrent disease
  - Palliative

- **Previous radiation to this site?:**
  - Yes
  - No
  - Unknown

### Treatment Planning Information

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

#### Initial Treatment Phase – Select Therapy

- **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

- **Proton**
  - Please select treatment type:
    - Electron
    - Superficial/Orthovoltage/ Supervoltage
  - Will an isodose plan be created?
    - Yes
    - No

- **IMRT Only**
  - Which technique will be used?
    - Linac Multi-Angle
    - Compensator-Based
    - Helical
    - Arc Therapy
    - Other
  - Will the IMRT course of therapy be inversely planned?
    - Yes
    - No

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

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

#### Stereotactic Body RT (SBRT)

- **Fractions:** _____

#### High Dose Rate (HDR) Brachytherapy

- Fractions: ______

- Will IGRT be performed?
  - Yes
  - No

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

- Type of HDR:
  - Superficial
  - Electronic
  - Interstitial

#### Low Dose Rate (LDR) Brachytherapy

- Fractions: ______

- Will a tumor volume and at least one critical structure be contoured?
  - Yes
  - No
## Skin Cancer - Radiation Therapy Treatment Plan Checklist

### Boost Phase 1 – Select Therapy

- **2-Dimension**
  - Fractions: ______

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

- **IMRT**
  - Will a new CT be performed?  
    - Yes  
    - No  
    - NA

  - Which technique will be used?
    - Linac Multi-Angle
    - Compensator-Based
    - Helical
    - Arc Therapy
    - Other

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

  - 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  
    - NA

  - Which technique will be used?
    - Linac Multi-Angle
    - Compensator-Based
    - Helical
    - Arc Therapy
    - Other

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

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

### 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.