Prophylactic Cranial Irradiation (PCI) Only 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

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<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

- Small Cell Cancer Stage:  
  - [ ] Limited
  - [ ] Extensive

- PCI Treatment Intent:  
  - [ ] Curative
  - [ ] Palliative

### 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
  - [ ] Fractions: _____

- 3D Conformal
  - [ ] Number of ports/arc/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.

- [ ] 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

### 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.