

## Prophylactic Cranial Irradiation (PCI) Only Radiation Therapy Deliveries Only 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](http://www.RadMD.com) or call the NIA Call Center toll free number.

Please **do not fax** the checklist to NIA.

General Information		
Patient Name :	DOB:	Health Plan ID :
Radiation Oncologist :	Radiation Therapy Facility :	
Treatment Planning Start Date (i.e. Initial Simulation) :	Anticipated Treatment Start Date :	
Patient Clinical Information		
✓ Small Cell Cancer Stage: <input type="checkbox"/> Limited <input type="checkbox"/> Extensive ✓ PCI Treatment Intent : <input type="checkbox"/> Curative <input type="checkbox"/> Palliative		
Treatment Planning Information		
✓ What is the prescription radiation dose for the <u>ENTIRE</u> course of external beam treatment?		Gy
Initial Treatment Phase - Select Therapy		
<input type="checkbox"/> <b>2-Dimension</b>	✓ Fractions : _____	
<input type="checkbox"/> <b>3D Conformal</b>	✓ Fractions : _____	
<input type="checkbox"/> <b>IMRT</b>	✓ Fractions : _____	
<b>IMRT</b>	✓ Which technique will be used? <input type="checkbox"/> Linac Multi-Angle <input type="checkbox"/> Compensator-Based <input type="checkbox"/> Helical <input type="checkbox"/> Arc Therapy <input type="checkbox"/> Other	
<b>Only</b>	✓ Will techniques to account for respiratory motion be performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i><b>Note:</b> 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.</i>		