

Skin Cancer - Radiation Therapy Treatment Plan Checklist -Deliveries Only

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	
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	
✓ Type of Skin Cancer: <input type="checkbox"/> Basal Cell <input type="checkbox"/> Squamous Cell <input type="checkbox"/> Melanoma <input type="checkbox"/> Other Specify: _____	
✓ T – Stage: <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4 <input type="checkbox"/> Unknown	
✓ How many sites are being treated: <input type="checkbox"/> One <input type="checkbox"/> 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: <input type="checkbox"/> Definitive <input type="checkbox"/> Post resection (primary site or node) <input type="checkbox"/> Recurrent disease <input type="checkbox"/> Palliative	
✓ Previous radiation to this site?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Treatment Planning Information	
✓ What is the prescription radiation dose for the <u>ENTIRE</u> course of treatment?	Gy
Initial Treatment Phase – Select Therapy	
<input type="checkbox"/> 2-Dimension <input type="checkbox"/> 3D Conformal <input type="checkbox"/> IMRT <input type="checkbox"/> Proton Fractions: _____	
✓ Please select treatment type: <input type="checkbox"/> Electron <input type="checkbox"/> Superficial/Orth voltage/ Super voltage	
IMRT Only	✓ 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
✓ Will the IMRT course of therapy be inversely planned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Stereotactic Body RT (SBRT) Fractions: _____	
✓ Which technique will be used?	<input type="checkbox"/> Robotic -Linac Multi-Angle <input type="checkbox"/> Robotic- Tomotherapy <input type="checkbox"/> Robotic -Cyberknife <input type="checkbox"/> Non-Robotic – Linac Multi-Angle <input type="checkbox"/> Non-Robotic - Tomotherapy <input type="checkbox"/> Non-Robotic – Gamma Knife
<input type="checkbox"/> High Dose Rate (HDR) Brachytherapy ✓ Fractions: _____	
<input type="checkbox"/> Low Dose Rate (LDR) Brachytherapy ✓ Fractions: _____	
Boost Phase 1 – Select Therapy	
<input type="checkbox"/> 2-Dimension <input type="checkbox"/> 3D Conformal <input type="checkbox"/> IMRT Fractions: _____	
IMRT ONLY 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	
Boost Phase 2 – Select Therapy	
<input type="checkbox"/> 2-Dimension <input type="checkbox"/> 3D Conformal <input type="checkbox"/> IMRT Fractions: _____	
IMRT Only ✓ 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	