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

<table>
<thead>
<tr>
<th>Patient Name :</th>
<th>DOB:</th>
<th>Health Plan ID :</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation Oncologist :</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation Therapy Facility :</td>
<td></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

1. **Brain Tumor (Primary)**
   - Type of tumor being treated:  
     - Glioma – Low Grade
     - Glioma – High Grade
     - Ependymoma – Low Grade
     - Anaplastic Ependymoma
     - Meningioma – Low Grade
     - Meningioma – High Grade
     - Medulloblastoma/Supratentorial PNET
     - Other ______________
   - What surgery has been performed:  
     - Biopsy Only
     - Subtotal Resection
     - Total Resection
   - Initial or Recurrent Tumor:  
     - Initial Brain Tumor
     - Recurrent Brain Tumor
     - Unknown

2. **CNS Lymphoma (Primary)**
   - Did patient receive chemotherapy:  
     - Yes
     - No
     - Unknown
   - Chemotherapy response:  
     - Complete response
     - Partial response
     - No response
     - Unknown
     - Not Applicable
   - What is the patient’s performance status?  
     - (ECOG Scale)
       - 0 – Fully active, able to carry on all pre-disease performance without restriction
       - 1 – Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
       - 2 – Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours
       - 3 – Capable of only limited selfcare, confined to bed or chair more than 50% of waking hours
       - 4 – Completely disabled. Cannot carry on any selfcare. Totally confined to bed or chair

3. **Spinal Tumor (Primary)**
   - Is the tumor amenable to surgery:  
     - Yes
     - No
     - Unknown
   - Tumor causing intractable pain:  
     - Yes
     - No
     - Unknown
   - Tumor causing spinal cord compression:  
     - Yes
     - No
     - Unknown

4. **Other Primary CNS Tumor**
   - Why is the patient receiving radiation treatment:
   - What is the treatment intent/timing:  
     - Primary
     - Adjuvant radiation therapy
     - Unknown
     - Other
   - Is treatment for initial or recurrent tumor:  
     - Initial Tumor
     - Recurrent Tumor
     - Unknown

### 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/arcfields:  
- **IMRT**
  - Will any of the following take place during the simulation: custom device created, contrast utilized or custom blocking determined?  
    - Yes
    - No
- **Proton**
  - 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
Central Nervous System (CNS) Primary Cancer
Radiation Therapy Treatment Plan Checklist

<table>
<thead>
<tr>
<th>Stereotactic Body RT (SBRT)</th>
<th>✓ Fractions: ______</th>
<th>✓ Number of ports/arcs/fields: ______</th>
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<tr>
<td>✓ Which technique will be used?</td>
<td>Robotic - Linac Multi-Angle</td>
<td>Robotic - Tomotherapy</td>
</tr>
<tr>
<td></td>
<td>Non-Robotic – Linac Multi-Angle</td>
<td>Non-Robotic - Tomotherapy</td>
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<tr>
<th>IGRT Technique</th>
<th>✓ None (select none for port films)</th>
<th>✓ CT Guidance (Conebeam CT)</th>
<th>✓ Stereoscopic Guidance (kV or mV with fiducial markers)</th>
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<tr>
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Boost Phase 1 – Select Therapy

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**IMRT Only**

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Boost Phase 2 – Select Therapy

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Special Services – Please note if you are faxing additional information

<table>
<thead>
<tr>
<th>Special Dosimetry (CPT® 77331)</th>
<th>Provide requested quantity and the rationale for performing the service.</th>
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</thead>
<tbody>
<tr>
<td>Special Physics Consultation (CPT® 77370)</td>
<td>Provide the rationale for performing the service.</td>
</tr>
<tr>
<td>Special Treatment Procedure (CPT® 77470)</td>
<td>Provide the rationale for performing the service.</td>
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