Hodgkin’s Lymphoma 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](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

- ✓ Location of the tumor being treated: __________________________________________
- ✓ Number of sites being treated: ________
- ✓ Treated for Lymphocyte Predominant Hodgkin’s Lymphoma: [ ] Yes [ ] No [ ] Unknown
- ✓ Treatment timing: [ ] Definitive [ ] Adjuvant [ ] Recurrent/Relapse [ ] Other ________________
- ✓ Treatment Intent: [ ] Curative [ ] Palliative [ ] Unknown
- ✓ Stage: [ ] Stage I [ ] Stage IB [ ] Stage II [ ] Stage IIB [ ] Stage III [ ] Stave IV
- ✓ bulky disease: [ ] Yes [ ] No [ ] Unknown
- ✓ Receive chemotherapy or chemotherapy planned: [ ] Yes [ ] No [ ] Unknown
- ✓ Previous radiation treatment for Hodgkin’s: [ ] Yes [ ] No [ ] 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/arcs/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 the IMRT course of therapy be inversely planned? [ ] Yes [ ] No

**IMRT 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, tissue constraints and target goals of the plan and evidence of inverse planning.

- [ ] 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 __________________________
### Hodgkin’s Lymphoma Radiation Therapy Treatment Plan Checklist

**Boost Phase 1 – Select Therapy**

<table>
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<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-Dimension</td>
<td>✓ Fractions: _____</td>
</tr>
<tr>
<td>3D Conformal</td>
<td>✓ Number of ports/arcs/fields: _____</td>
</tr>
<tr>
<td>IMRT</td>
<td>✓ Will a new CT be performed? Yes No NA</td>
</tr>
</tbody>
</table>

**IMRT Only**

- 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**

<table>
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<tr>
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**IMRT Only**

- 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 ________________

**IMRT 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, tissue constraints and target goals of the plan and evidence of inverse planning.

### Special Services – Please note if you are faxing additional information

<table>
<thead>
<tr>
<th>Service</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Dosimetry (CPT® 77331)</td>
<td>Provide requested quantity and the rationale for performing the service.</td>
</tr>
<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>
</tr>
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</table>