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><strong>Patient Name</strong></th>
<th><strong>DOB</strong></th>
<th><strong>Health Plan ID</strong></th>
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<tr>
<th><strong>Radiation Oncologist</strong></th>
<th><strong>Radiation Therapy Facility</strong></th>
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<tr>
<th><strong>Treatment Planning Start Date (i.e. Initial Simulation):</strong></th>
<th><strong>Anticipated Treatment Start Date:</strong></th>
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### Patient Clinical Information

- Treatment timing: [ ] Definitive/Unresectable [ ] Pre-operative [ ] Borderline Resectable [ ] Post-operative [ ] Local recurrence
- Distant metastasis: [ ] Yes [ ] No [ ] Unknown
- Treatment intent: [ ] Curative [ ] Palliative [ ] Unknown
- Receiving concurrent chemotherapy: [ ] Yes [ ] No [ ] Unknown
- Previous radiation to pancreas: [ ] Yes [ ] No [ ] Unknown
- Reason for palliative treatment: ________________

### Treatment Planning Information

- What is the prescription radiation dose for the **ENTIRE** course of external beam treatment? **Gy**

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<th><strong>Initial Treatment Phase – Select Therapy</strong></th>
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- [ ] 2-Dimension
- [ ] 3D Conformal
- [ ] IMRT
- [ ] Proton

- [ ] IMRT Only
  - Which technique will be used? [ ] Linac Multi-Angle [ ] Compensator-Based [ ] Helical [ ] Arc Therapy [ ] Other
  - Will any of the following take place during the simulation: custom device created, contrast utilized or custom blocking determined? [ ] Yes [ ] No

### Stereotactic Body RT (SBRT)

- [ ] Fractions: ______
- [ ] Number of ports/arcs/fields: ______

- Which technique will be used?
  - [ ] Robotic - Linac Multi-Angle
  - [ ] Non-Robotic – Linac Multi-Angle
  - [ ] Robotic - Tomotherapy
  - [ ] Non-Robotic - Tomotherapy
  - [ ] Robotic - Cyberknife
  - [ ] Non-Robotic – Gamma Knife

### 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

- **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.