Prophylactic Cranial Irradiation (PCI) Only 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 or call the NIA Call Center toll free number. Please do not fax the checklist to NIA.

### General Information

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

- Small Cell Cancer Stage:  
  - [ ] Limited  
  - [ ] Extensive
- PCI Treatment Intent:  
  - [ ] Curative  
  - [ ] Palliative

### 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  
  - 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

**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 and tissue constraints and target goals of the plan. Field in field or forward planning is not considered IMRT.

- [ ] IMRT Only
  - Which technique will be used?  
    - [ ] Linac Multi-Angle  
    - [ ] Compensator-Based  
    - [ ] Helical  
    - [ ] Arc Therapy  
    - [ ] Other
  - Will techniques to account for respiratory motion be performed?  
    - [ ] Yes  
    - [ ] No

#### Image Guidance (IGRT) Technique

- [ ] None  (select none for port films)
- [ ] CT Guidance (Conebeam CT)
- [ ] Stereoscopic Guidance (kV or mV with fiducial markers)  
  - [ ] Other

At what frequency will the IGRT be performed?  
- [ ] Daily
- [ ] 1 time per week
- [ ] Other

### 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.