



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. Additional clinical information may be requested (i.e., radiation therapy consultation, comparison plan, clinical treatment plan notes, pathology report, recent imaging report, treatment prescription, prior treatment summary, etc.)

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

T Stage: N Stage:
Treatment intent: Curative Palliative Unknown
Reason for palliative treatment:
Treatment timing: Pre-operative (Potentially Resectable) Post-operative Primary (Unresectable)
Receive pre-operative chemoradiation: Yes No Not Applicable
Margin Status: Positive Close Negative Not Applicable
Concurrent chemotherapy: 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 3D Conformal IMRT SRS/SBRT Proton
HDR Brachytherapy LDR Brachytherapy Other

Fractions: _____

IMRT ONLY:

Which technique will be used? Linac Multi-Angle Compensator-Based Helical Arc Therapy Other
Note: IMRT treatment requests may be reviewed for medical necessity by a radiation oncologist. Clinical rationale for performing IMRT is required and should include a 3D-CRT vs IMRT comparison plan, tissue constraints including all values/doses for all organs at risk, target goals of the plan and evidence of inverse planning. Field in field or forward planning is not considered IMRT.

SRS/SBRT ONLY:

Which technique will be used? Linac Multi-Angle Tomotherapy CyberKnife Gamma Knife Other

IGRT: None (Select for Port Films) Yes

At what frequency will IGRT be performed: Daily 1 time per week other



Boost Phase 1 – Select Therapy

- 2-Dimension
 3D Conformal
 IMRT
 SRS/SBRT
 Proton
 HDR Brachytherapy
 LDR Brachytherapy
 Other _____

Fractions: _____

IMRT ONLY:

- ✓ Which technique will be used? Linac Multi-Angle Compensator-Based Helical Arc Therapy Other

SRS/SBRT ONLY:

- ✓ Which technique will be used? Linac Multi-Angle Tomotherapy CyberKnife Gamma Knife Other

- IGRT: None (Select for Port Films)
 Yes

- ✓ At what frequency will IGRT be performed: Daily 1 time per week other

Boost Phase 2 – Select Therapy

- 2-Dimension
 3D Conformal
 IMRT
 SRS/SBRT
 Proton
 HDR Brachytherapy
 LDR Brachytherapy
 Other _____

Fractions: _____

IMRT ONLY:

- ✓ Which technique will be used? Linac Multi-Angle Compensator-Based Helical Arc Therapy Other

SRS/SBRT ONLY:

- ✓ Which technique will be used? Linac Multi-Angle Tomotherapy CyberKnife Gamma Knife Other

- IGRT: None (Select for Port Films)
 Yes

- ✓ At what frequency will IGRT be performed: Daily 1 time per week other