Other Condition/Cancer Type 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. 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:** ☐ TX ☐ T0 ☐ Tis ☐ T1 ☐ T2 ☐ T3 ☐ T4
- ✓ **Distant Mets:** ☐ Yes ☐ No ☐ Unknown
- ✓ **"Other" condition being treated:** _____
- ✓ **Original tumor resected?** ☐ Yes ☐ No, tumor unresectable ☐ No, tumor may be resected in future
- ✓ **Treatment intent/timing:** ☐ Primary ☐ Adjuvant radiation therapy ☐ Unknown
- ✓ **Initial or recurrent tumor:** ☐ Initial ☐ Recurrent ☐ Unknown
- ✓ **Previous radiation to this site?** ☐ 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 require review 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 and target goals of the plan.

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