



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		
<input checked="" type="checkbox"/> Treatment timing: <input type="checkbox"/> Definitive/Unresectable <input type="checkbox"/> Pre-operative <input type="checkbox"/> Borderline Resectable <input type="checkbox"/> Post-operative <input type="checkbox"/> Local recurrence <input checked="" type="checkbox"/> Distant metastasis: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Treatment intent: <input type="checkbox"/> Curative <input type="checkbox"/> Palliative <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Receiving concurrent chemotherapy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Previous radiation to pancreas: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Reason for palliative treatment: _____		
Treatment Planning Information		
<input checked="" type="checkbox"/> What is the prescription radiation dose for the ENTIRE course of external beam treatment?		Gy
Initial Treatment Phase – Select Therapy		
<input type="checkbox"/> 2-Dimension <input type="checkbox"/> 3D Conformal <input type="checkbox"/> IMRT <input type="checkbox"/> SRS/SBRT <input type="checkbox"/> Proton <input type="checkbox"/> HDR Brachytherapy <input type="checkbox"/> LDR Brachytherapy <input type="checkbox"/> Other _____		
Fractions: _____		
IMRT ONLY:		
<input checked="" type="checkbox"/> Which technique will be used? <input type="checkbox"/> Linac Multi-Angle <input type="checkbox"/> Compensator-Based <input type="checkbox"/> Helical <input type="checkbox"/> Arc Therapy <input type="checkbox"/> 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:		
<input checked="" type="checkbox"/> Which technique will be used? <input type="checkbox"/> Linac Multi-Angle <input type="checkbox"/> Tomotherapy <input type="checkbox"/> CyberKnife <input type="checkbox"/> Gamma Knife <input type="checkbox"/> Other		
IGRT: <input type="checkbox"/> None (Select for Port Films) <input type="checkbox"/> Yes		
<input checked="" type="checkbox"/> At what frequency will IGRT be performed: <input type="checkbox"/> Daily <input type="checkbox"/> 1 time per week <input type="checkbox"/> 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