



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. 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		
✓ Small Cell Cancer Stage: <input type="checkbox"/> Limited <input type="checkbox"/> Extensive ✓ PCI Treatment Intent: <input type="checkbox"/> Curative <input type="checkbox"/> Palliative		
Treatment Planning Information		
✓ What is the prescription radiation dose for the <u>ENTIRE</u> course of external beam treatment?		Gy
Initial Treatment Phase - Select Therapy		
<input type="checkbox"/> 2-Dimension ✓ Fractions: _____ <input type="checkbox"/> 3D Conformal ✓ Fractions: _____ <input type="checkbox"/> IMRT ✓ Fractions: _____		
<hr style="border-top: 1px dashed black;"/> IMRT Only ✓ 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		
✓ Will techniques to account for respiratory motion be performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 and target goals of the plan.		
IGRT: <input type="checkbox"/> None (Select for Port Films) <input type="checkbox"/> Yes		
✓ At what frequency will IGRT be performed: <input type="checkbox"/> Daily <input type="checkbox"/> 1 time per week <input type="checkbox"/> other		