Other Metastatic Cancer 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

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

✓ Location of metastatic disease?

- ☐ Adrenal Gland
- ☐ Liver
- ☐ Lung
- ☐ Lymph Nodes
  - Node location _____
- ☐ Peritoneum
- ☐ Skin/Muscle
- ☐ Spine
- ☐ Vagina
- ☐ Other _____

✓ Primary cancer site of the metastatic disease being treated?

- ☐ Anal
- ☐ Bone
- ☐ Breast
- ☐ Central Nervous System
- ☐ Cervix
- ☐ Colorectal
- ☐ Endometrial
- ☐ Gastric
- ☐ Head & Neck
- ☐ Hodgkins Lymphoma
- ☐ Non-Hodgkins Lymphoma
- ☐ Pancreas
- ☐ Prostate
- ☐ Non-Small Cell Lung Cancer
- ☐ Small Cell Lung Cancer
- ☐ Unknown
- ☐ Other _____

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 comparison 3D-CRT plan, tissue constraints and 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?

- ☐Robotic Linac Multi-Angle
- ☐Robotic - Tomotherapy
- ☐Robotic - CyberKnife
- ☐Non-Robotic - Linac Multi-Angle
- ☐Non-Robotic - Tomotherapy
- ☐Non-Robotic - Gamma Knife
- ☐Unknown
- ☐Other _____

Boost Phase 1 – Select Therapy

☐ 2-Dimension ☐ 3D Conformal ☐ IMRT ☐ SRS/SBRT ☐ Proton
☐ Electron ☐ HDR Brachy ☐ LDR Brachy ☐ 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 comparison 3D-CRT plan, tissue constraints and 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?

☐Robotic Linac Multi-Angle ☐ Robotic - Tomotherapy ☐ Robotic - CyberKnife
☐ Non-Robotic - Linac Multi-Angle ☐ Non-Robotic - Tomotherapy ☐ Non-Robotic - Gamma Knife
☐Unknown ☐Other _____

LDR ONLY:

If any portion of the patient's radiation oncology treatment will be performed in a facility or hospital other than the facility previously stated, what is the name of that facility? _____

Which portion of the treatment will be performed at the additional facility? ☐NA ☐Initial Phase ☐Boost Phase

Boost Phase 2 – Select Therapy

☐ 2-Dimension ☐ 3D Conformal ☐ IMRT ☐ SRS/SBRT ☐ Proton
☐ Electron ☐ HDR Brachy ☐ LDR Brachy ☐ 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 comparison 3D-CRT plan, tissue constraints and 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?

☐Robotic Linac Multi-Angle ☐ Robotic - Tomotherapy ☐ Robotic - CyberKnife
☐ Non-Robotic - Linac Multi-Angle ☐ Non-Robotic - Tomotherapy ☐ Non-Robotic - Gamma
☐Unknown ☐Other _____

LDR ONLY:

If any portion of the patient's radiation oncology treatment will be performed in a facility or hospital other than the facility previously stated, what is the name of that facility? _____

Which portion of the treatment will be performed at the additional facility? ☐NA ☐Initial Phase ☐Boost Phase