

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](http://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 :	Breast Surgeon :	
Radiation Therapy Facility :		
Treatment Planning Start Date (i.e. Initial Simulation):		Anticipated Treatment Start Date:
Patient Clinical Information		
<b>T Stage:</b> <input type="checkbox"/> TX <input type="checkbox"/> T0 <input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4	<b>N Stage:</b> <input type="checkbox"/> NX <input type="checkbox"/> N2 <input type="checkbox"/> N0 <input type="checkbox"/> N3 <input type="checkbox"/> N1  <b>Does patient have distant metastasis (M1)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> <b>Treatment intent:</b> <input type="checkbox"/> Curative <input type="checkbox"/> Palliative <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> <b>Reason for palliative treatment:</b> _____ <input checked="" type="checkbox"/> <b>Treatment timing:</b> <input type="checkbox"/> Pre-operative(Potentially Resectable) <input type="checkbox"/> Post-operative <input type="checkbox"/> Primary (Unresectable) <input checked="" type="checkbox"/> <b>Receive pre-operative chemoradiation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> <b>Margin Status:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Close <input type="checkbox"/> Negative <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> <b>Concurrent chemotherapy:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Treatment Planning Information		
<input checked="" type="checkbox"/> <b>What is the prescription radiation dose for the ENTIRE course of external beam treatment?</b>		Gy
Initial Treatment Phase – Select Therapy		
<input type="checkbox"/> <b>2-Dimension</b>	<input type="checkbox"/> <b>3D Conformal</b>	<input type="checkbox"/> <b>IMRT</b>
<input type="checkbox"/> <b>HDR Brachytherapy</b>	<input type="checkbox"/> <b>LDR Brachytherapy</b>	<input type="checkbox"/> <b>SRS/SBRT</b> <input type="checkbox"/> <b>Proton</b> <input type="checkbox"/> <b>Other</b> _____
Fractions: _____		
<b>IMRT ONLY:</b>		
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		
<u>Note:</u> 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.		
<b>SRS/SBRT ONLY:</b>		
Which technique will be used?	<input type="checkbox"/> Robotic Linac Multi-Angle	<input type="checkbox"/> Robotic - Tomotherapy
	<input type="checkbox"/> Non-Robotic - Linac Multi-Angle	<input type="checkbox"/> Non-Robotic - Tomotherapy
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Robotic - CyberKnife
		<input type="checkbox"/> Non-Robotic - Gamma Knife
		<input type="checkbox"/> 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 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