

Bone 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 <u>www.RadMD.com</u> 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								
✓ Site of primary can	cer: 🗌 Breast 🗌 Prostate 🗌 Lung 📋	Other		🗌 Unknown				
How many sites are being treated: Single Site Two or More Sites Unknown								
✓ Location of the bone mets being treated: Spine Femur Pelvis Rib Humerus Shoulder Skull Other								
✓ Reason for treatment (e.g. pain, spinal cord compression, etc):								
✓ List other sites with metastatic disease:								
✓ What is the patient's performance status? (ECOG Scale)								
0 – Fully active, able to carry on all pre-disease performance without restriction								
1 – Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work								
2 – Ambulatory and capable of all selfcare but unable to carry out any work activities. Up and about more than 50% of waking hours								
	e of only limited selfcare, confined to bed or c			C				
4 – Comple	etely disabled. Cannot carry on any selfcare. T	Totally confine	ed to bed or chair					
 Has patient had pri 	or radiation for bone metastasis: 🗌 Yes 🗌	No 🗌 Unkr	iown					
Treatment Planning Information								
✓ What is the pres	scription radiation dose for the <u>ENTII</u>	<u>RE</u> course c	of external beam treat	ment? Gy				
	Initial Treatment	Phase – S	elect Therapy	-				
2-Dimension	n 🔄 3D Conformal		SRS/SBI	RT Proton				
🗌 HDR Brachy	therapy 🛛 🗌 LDR Brach	ytherapy	/ Othe	r				
Fractions:								
IMRT ONLY:								
Which technique will be used? Linac Multi-Angle Compensator-Based Helical Arc Therapy 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.								
SRS/SBRT ONLY:								
	Robotic Linac Multi-Angle	🗌 Roboti	c - Tomotherapy	🗌 Robotic - CyberKnife				
Which technique will be used?	Non-Robotic - Linac Multi-Angle	Non-R	obotic - Tomotherapy	🔲 Non-Robotic - Gamma Knife				
	Unknown	Other_						



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Boost Phase 1 – Select Therapy								
2-Dimension	🗌 3D Conf	ormal	IMRT	SRS/SBRT	Proton			
Electron	HDR Bra	achy	LDR Brachy	Oth	er			
Fractions:								
IMRT ONLY:								
Which technique will be used? Linac Multi-Angle Compensator-Based Helical Arc Therapy 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.								
SRS/SBRT ONLY:								
Which technique Robotic Linac Multi-Angle Robotic - Tomotherapy Robotic - Cyber Which technique Non-Robotic - Linac Multi-Angle Non-Robotic - Tomotherapy Non-Robotic - Cyber								
will be used?		_]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?	the name of that facility?							
Which portion of the tr	eatment will be perform	ed at the additiona	facility?	Initial Phase	Boost Phase			
	Boost Phase 2 – Select Therapy							
2-Dimension	3D Conf	ormal	IMRT	SRS/SBRT	Proton			
2-Dimension Electron	3D Confe HDR Bra		IMRT	, . 	Proton			
				, . 				
Electron				, . 				
		achy	LDR Brachy	Ot	her			
	HDR Bra	achy	ed Helical Ard sity by a radiation o	Therapy Oth	her er I rationale for performing			
	sed? Linac Multi-Angle requests may be reviewe ould include a compariso	achy	ed Helical Ard sity by a radiation o	Therapy Oth	her er I rationale for performing			
Electron Fractions: IMRT ONLY: Which technique will be u <u>Note:</u> IMRT treatment IMRT is required and sh inverse planning. Field SRS/SBRT ONLY:	sed? Linac Multi-Angle requests may be reviewe ould include a compariso	Compensator-Bas Compensator-Bas on 3D-CRT plan, tiss ning is not consider	ed Helical Ard sity by a radiation o	Therapy Oth ncologist. Clinica arget goals of th	her er I rationale for performing			
Electron Fractions: IMRT ONLY: Which technique will be u <u>Note:</u> IMRT treatment IMRT is required and sh inverse planning. Field SRS/SBRT ONLY: Which technique	sed? Linac Multi-Angle requests may be reviewe rould include a compariso in field or forward planr	achy	LDR Brachy	Therapy Oth ncologist. Clinica arget goals of th	her er I rationale for performing e plan and evidence of			
Electron Fractions: IMRT ONLY: Which technique will be u <u>Note:</u> IMRT treatment IMRT is required and sh inverse planning. Field SRS/SBRT ONLY:	HDR Bra Hor Bra sed? Linac Multi-Angle requests may be reviewe ould include a compariso in field or forward plann Robotic Linac Multi-A	achy	LDR Brachy	Therapy Oth ncologist. Clinica arget goals of th rapy [notherapy]	her er I rationale for performing e plan and evidence of Robotic - CyberKnife			
Electron Fractions: IMRT ONLY: Which technique will be u Note: IMRT treatment IMRT is required and sh inverse planning. Field SRS/SBRT ONLY: Which technique will be used? LDR ONLY:	Sed? Linac Multi-Angle requests may be reviewe ould include a compariso in field or forward plann Robotic Linac Multi-A Non-Robotic - Linac Multi-A Unknown	achy	LDR Brachy ed Helical Ard sity by a radiation o sue constraints and t ed IMRT. Robotic - Tomothe Non-Robotic - Tom Other	Therapy Oth ncologist. Clinica arget goals of th rapy [notherapy]	her			
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