



## Radiation Therapy Non-Small Cell Lung Cancer Checklist

Evolent (formerly National Imaging Associates, Inc.) has provided this checklist to help you in gathering the information needed to request a medical necessity review. Please complete this form and include any applicable clinical documentation (i.e., comparison plan, radiation therapy consultation, imaging results etc.) prior to submitting the case on [www.radmd.com](http://www.radmd.com). As an alternative, you may also contact our Evolent Call Center.

Please note new case requests may not be started by fax.

### General Information

Patient Name:  
 Date of Birth:  
 Health Plan and Member ID:  
 Treatment Planning Start Date (i.e., Initial Simulation):  
 Treatment Start Date:

### Clinical Information

ICD-10 Code(s):  
 What is the treatment site?  
**Each treatment site requires a separate authorization.**  
 What is Treatment Intent?  
 Curative/ Palliative  
**What is the treatment prescription dose for the course of treatment?**  
**What is the radiation therapy treatment start date?**  
 Does the member have distant metastases (stage VI or M1) (i.e., disease spread to bone, liver, lung, brain)?  
 Will all radiation treatment be done at the same facility? YES  NO   
 History of prior radiation therapy? YES  NO  *If yes, provide details of prior site & total dose along with completion date:*

**What is the DOSE that will be used for each phase of treatment?**

Phase 1  
 Phase 2  
 Phase 3

**PLEASE INDICATE THE NUMBER OF FRACTIONS FOR EACH PHASE BELOW**

Phase 1	Phase 2 (Boost)	Phase 3	Treatment
			Superficial / Orthovoltage
			2D Radiation Therapy
			3D Radiation Therapy
			Electron Beam Therapy
			Intensity Modulated Radiation Therapy (IMRT)

			Proton Beam Therapy
			Stereotactic Radiosurgery & Stereotactic Radiation Therapy (SRS/SRT)
			Stereotactic Body Radiation Therapy (SBRT)
			Gamma Knife YES <input type="checkbox"/> NO <input type="checkbox"/>
			IORT Machine Name:
			LDR Brachytherapy
			HDR Brachytherapy

Plan Type: IMRT: 3D: Plan Type for SBRT/SRS/SRT and Proton Beam Therapy

**Site Specific Questions for Non-Small Cancer:**

**Treatment timing:**

post operable pre-operable inoperable definitive inoperable stage I or II/no surgery.

**Sage:**

T Stage	N Stage
TX	NX
T1	N0
T2	N1
T3	N2
T4	N3
<b>M Stage (M1)</b>	

**Number of ports/angles/fields**

Phase 1  
Phase 2  
Phase 3

**Type of Imaging:** Port Films  IGRT  IGRT Frequency:

**Will concurrent (simultaneous) chemotherapy be administered during this course of treatment?**

YES  NO  **Chemotherapy name:**

Chemo dates:

CPT Code 77370 Special Physics  
CPT Code 77470 Special Treatment  
CPT Code 77331 Special Dosimetry

Rationale (Reason)  
Rationale (Reason)  
Rationale (Reason)

Additional comments or details:

*Please be ready to submit any results of imaging (ultrasounds, x-rays, MRIs, PET Scans, CTs, DVH's) from the past 3 months and radiation therapy prescription plans in addition to the clinical treatment plan. This will assist in the review process. Failure to provide all relevant documentation may cause a delay.*