Prior Authorization for Therapeutic Radiation Procedures Including Intensity Modulation Radiation Treatment (IMRT), Stereotactic Radio Surgery (SRS) and Stereotactic Body Radiation Therapy (SBRT)

This worksheet is a tool to help you identify and collect the clinical information required to support a prior authorization request for UnitedHealthcare Medicare Advantage members. After the clinician completes the clinical information, please go to UHCprovider.com > Prior Authorization and Notification > Oncology > Medicare Advantage Therapeutic Radiation to submit the prior authorization request. Submitting the clinical information from this worksheet alone won’t automatically result in prior authorization approval; additional clinical information may be requested during the clinical review process. If you have questions about your submission or need to request an expedited review, please call 866-889-8054.

<table>
<thead>
<tr>
<th>Patient name:</th>
<th>DOB:  / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the radiation therapy treatment start date (mm/dd/yyyy)?</td>
<td>/ /</td>
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</table>

1. Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?
   - Yes
   - No

2. What is the clinical T-stage?
   - Tis
   - T1
   - T2
   - T3
   - T4

3. What is the clinical or pathologic N-stage?
   - N0
   - N1
   - N2
   - N3

4. What is the treatment intent?
   - Preoperative (neo-adjuvant)
   - Definitive (no surgery planned)
   - Postoperative (adjuvant)
   - Palliative (for relief of symptoms)

5. What is the treatment technique?
   - Intensity modulated radiation therapy (IMRT)
   - Stereotactic body radiation therapy (SBRT)

Continued on next page
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6.  Note any additional information in the space below: