

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.

Patient name:		DOB: ____ / ____ / ____
What is the radiation therapy treatment start date (mm/dd/yyyy)?		____ / ____ / ____
1.	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	What is the clinical T-stage?	
	<input type="checkbox"/> Tis <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4	
3.	What is the clinical or pathologic N-stage?	
	<input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3	
4.	What is the treatment intent?	
	<input type="checkbox"/> Preoperative (neo-adjuvant) <input type="checkbox"/> Definitive (no surgery planned) <input type="checkbox"/> Postoperative (adjuvant) <input type="checkbox"/> Palliative (for relief of symptoms)	
5.	What is the treatment technique?	
	<input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	
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6.	Note any additional information in the space below:
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