

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.	a. Has the patient received chemotherapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If the patient has received chemotherapy, what was the response?	
<input type="checkbox"/> Complete response (CR) <input type="checkbox"/> Partial response (PR) <input type="checkbox"/> No response (NR) <input type="checkbox"/> Progressive disease (POD)		
2.	What technique will be used to deliver the radiation therapy?	
	<input type="checkbox"/> Intensity modulated radiation therapy (IMRT) <input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	
3.	Note any additional information in the space below:	