Physician Worksheet for CNS Malignant Tumor
Medicare Advantage Prior Authorization Request

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 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. If you have questions about prior authorization submissions or need to request an expedited review, please call UnitedHealthcare Clinical Requests at 866-889-8054.

| Member name: | ________________________________ |
| Please provide the radiation therapy treatment start date (MM/DD/YYYY): | _______ / _______ / _______ |

1. What is the member’s WHO grade?
   - [ ] I: Pilocytic astrocytoma
   - [ ] II: Low grade oligo/astrocytoma/ependymoma
   - [ ] III: Anaplastic astrocytoma
   - [ ] IV: Glioblastoma multiform (GBM)
   - [ ] V: Other

2. Is the area to be treated abutting, within, or overlapping an area that has been previously treated with radiation therapy?
   - [ ] Yes
   - [ ] No

3. Is the treatment intent palliation?
   - [ ] Yes
   - [ ] No

4. What is the treatment technique being requested? (select one only)
   - [ ] IMRT
   - [ ] SRS (up to 5 treatment fractions)
   - [ ] SRS boost (up to 5 treatment fractions)
   - [ ] Other: ________________________________

5. Please note any additional information below.

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