

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 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.	a. What is the treatment intent?	
	<input type="checkbox"/> Post-operative <input type="checkbox"/> Definitive <input type="checkbox"/> Locoregional recurrence <input type="checkbox"/> Palliative	
	b. If post-operative is the treatment intent, are any of the following risk factors present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	1. Tumor > 4cm 4. Positive Pelvic Nodes 2. Deep Stromal invasion 5. Positive Surgical Margin 3. Lymphovascular invasion 6. Positive Parametrium	
	c. If definitive is the treatment intent, what is the patient's initial FIGO (International Federation of Gynecology and Obstetrics) stage?	
	<input type="checkbox"/> Stage IA1 <input type="checkbox"/> Stage IA2 <input type="checkbox"/> Stage IB1 <input type="checkbox"/> Stage IB2 <input type="checkbox"/> Stage IIA1 <input type="checkbox"/> Stage IIA2 <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IIIA <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IVB	
3.	Will the para-aortic nodes be treated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is gross adenopathy present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Continued on next page</i>		



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5.	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)
6.	Note any additional information in the space below: