Physician Worksheet for Cranial Metastases
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 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/ Member			
First Name:	Middle Initial:	Last Name:	
DOB *(mm/dd/yyyy)*:		Gender: ☐ Male ☐ Female	
Health Plan:		Member ID:	

Clinical Information

ICD-10 Code(s):
What is the radiation therapy treatment start date *(mm/dd/yyyy)*?
Please have the answers to below questions prepared as these questions may be asked.
What is the treatment plan?
☐ Whole Brain Radiation Therapy (WBRT) ☐ Hippocampal Avoidance Whole Brain Radiation Therapy (HA-WBRT) ☐ Stereotactic Radiosurgery (SRS) ☐ Other
Does the patient have any of the following?
☐ Small Cell, Lymphoma or a germ cell tumor ☐ Performance status of ECOG 3 or 4 ☐ Leptomeningeal disease ☐ History of prior SRS ☐ Multiple lesions that will be treated sequentially ☐ None of the above
Has the patient received radiation to the brain previously? ☐ Yes ☐ No
What treatment technique will be used?
☐ Intensity Modulated Radiation Therapy (IMRT) ☐ Stereotactic Radiosurgery (SRS)
Please be prepared to submit consult note, results of imaging from the past 60 days and radiation prescription or clinical treatment plan in order to expedite the review process. Failure to provide all relevant information may result in a delay.

Clinical Information	Additional Comments/Information: