

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.	What is the pathology? <input type="checkbox"/> Endometrioid <input type="checkbox"/> Papillary serous <input type="checkbox"/> Clear cell <input type="checkbox"/> Carcinosarcoma	
2.	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	What is the intent of treatment? <input type="checkbox"/> Palliative <input type="checkbox"/> Post-operative <input type="checkbox"/> Definitive or medically inoperable <input type="checkbox"/> Isolated locoregional recurrence after surgery	
4.	What is the FIGO (International Federation of Gynecology and Obstetrics) stage? <input type="checkbox"/> Stage IA <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage IIIA <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IIIC <input type="checkbox"/> Stage IB <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IVB	
5.	What is the grade of the endometrial cancer? <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3	
<i>Continued on next page</i>		

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6.	Are any of the following risk factors present? 1. Age is \geq 60 years 2. Lymphovascular invasion 3. Lower uterine (cervical/glandular) involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	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)	
8.	Note any additional information in the space below:	