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.

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<th>Member name:</th>
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Please provide the radiation therapy treatment start date (MM/DD/YYYY): _____ / _____ / ______

1. Will the treatment be directed to the primary site? □ Yes □ No

2. Does the member have distant metastatic disease? □ Yes □ No

3. What is the intent/timing of the treatment?
   - ☐ Pre-operative
   - ☐ Post-operative
   - ☐ Definitive (no surgery planned)
   - ☐ Isolated local/regional recurrence at primary site
   - ☐ Palliation

4. Is the area to be treated abutting, within, or overlapping an area that has been previously treated with radiation therapy? □ Yes □ No

5. What is the treatment technique being requested? (select one only)
   - ☐ IMRT
   - ☐ SBRT boost (up to 5 treatment fraction)
   - ☐ SBRT (up to 5 treatment fraction)
   - ☐ Other: ____________________________

6. Did you consider 3D, including Tomo3D, for this member? □ Yes □ No

7. Please note any additional information below.