



**Physician Worksheet for Extra-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: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Health Plan:		Member ID:

Clinical Information	ICD-10 Code(s):				
	What is the radiation therapy treatment start date (mm/dd/yyyy)?				
	<i>Please have the answers to below questions prepared as these questions may be asked.</i>				
	What is the location of the metastatic site(s) that will be treated?				
	Site 1	Site 2	Site 3	Site 4	Location
					Adrenal gland
					Bone
					Lung
					Liver
					Spine
				Other Non-Bone	
Please specify the spine levels, bone location and/or the Other Non-Bone location for the metastatic site(s) if applicable.					
If there are more than 4 metastatic sites, please provide the location(s) of the additional metastatic site(s).					

Clinical Information

What treatment technique will be used?

- Intensity Modulated Radiation Therapy (IMRT)
- Stereotactic Body Radiation Therapy (SBRT)

Was any area being treated previously irradiated? Yes No

If more than one site, will radiation to the metastatic sites be delivered concurrently? Yes No

If more than one site, will the same treatment technique be used for all metastatic sites? Yes No

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.

Additional Comments/Information: