

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.	What is the primary site?	
	<input type="checkbox"/> Lip and oral cavity <input type="checkbox"/> Mucosal melanoma of head and neck <input type="checkbox"/> Pharynx <input type="checkbox"/> Occult/unknown primary <input type="checkbox"/> Larynx <input type="checkbox"/> Major salivary gland <input type="checkbox"/> Nasal cavity and para-nasal sinuses <input type="checkbox"/> Other: _____ <input type="checkbox"/> Thyroid	
3.	Please annotate the patient staging (use pathological staging if post-op):	
	a. What is the clinical T stage?	
	<input type="checkbox"/> T0 <input type="checkbox"/> T3 <input type="checkbox"/> T1 <input type="checkbox"/> T4 <input type="checkbox"/> T2	
	b. What is the clinical N stage?	
	<input type="checkbox"/> N0 <input type="checkbox"/> N2b <input type="checkbox"/> N1 <input type="checkbox"/> N2c <input type="checkbox"/> N2a <input type="checkbox"/> N3	
4.	What is the intent/timing of the treatment?	
	<input type="checkbox"/> Definitive <input type="checkbox"/> Isolated locoregional recurrence <input type="checkbox"/> Palliative <input type="checkbox"/> Pre-operative <input type="checkbox"/> Post-operative <input type="checkbox"/> Salvage therapy	
Continued on next page		

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.

5.	What is the technique?
	<input type="checkbox"/> Stereotactic body radiation therapy (SBRT) <input type="checkbox"/> Intensity modulated radiation therapy (IMRT)
6.	Note any additional information in the space below: