Physician Worksheet for Hodgkin’s Lymphoma
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 name: | DOB: _____ / _____ / _____ |
| What is the radiation therapy start date (mm/dd/yyyy)? | _____ / _____ / _____ |

1. What is the histology?
   - [ ] Nodular Lymphocyte Predominant Hodgkin’s Disease (NLPHD)
   - [ ] Classic Hodgkin’s Disease

2. What is the treatment intent?
   - [ ] Adjuvant (i.e. following chemotherapy)
   - [ ] Definitive
   - [ ] Salvage (Curative)
   - [ ] Palliative

3. If Adjuvant is the selected treatment intent, then please answer the following questions:
   a. What was the chemotherapy regimen?
      - [ ] ABVD
      - [ ] Stanford V
      - [ ] BEACOPP
      - [ ] Other
   b. How many cycles were given?  Cycles: _______
   c. What is the response to chemotherapy?
      - [ ] No response
      - [ ] Partial response
      - [ ] Complete response

4. What is the stage at diagnosis?
   - [ ] Stage IA
   - [ ] Stage IIA
   - [ ] Stage IIIA
   - [ ] Stage IVA
   - [ ] Stage IB
   - [ ] Stage IIB
   - [ ] Stage IIIB
   - [ ] Stage IIIIB
   - [ ] Stage IVB

Continued on next page
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<table>
<thead>
<tr>
<th>5. What is the site/location of treatment? Fill in the site: __________________________</th>
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<tbody>
<tr>
<td>6. What is the treatment technique?</td>
</tr>
<tr>
<td>□ Intensity modulated radiation therapy (IMRT)</td>
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<tr>
<td>□ Stereotactic body radiation therapy (SBRT)</td>
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<td>7. Note any additional information in the space below:</td>
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