

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?	
	<input type="checkbox"/> Nodular Lymphocyte Predominant Hodgkin's Disease (NLPHD) <input type="checkbox"/> Classic Hodgkin's Disease	
2.	What is the treatment intent?	
	<input type="checkbox"/> Adjuvant (i.e. following chemotherapy) <input type="checkbox"/> Definitive <input type="checkbox"/> Salvage (Curative) <input type="checkbox"/> Palliative	
3.	If Adjuvant is the selected treatment intent, then please answer the following questions:	
	a. What was the chemotherapy regimen?	
	<input type="checkbox"/> ABVD <input type="checkbox"/> Stanford V <input type="checkbox"/> BEACOPP <input type="checkbox"/> Other	
	b. How many cycles were given?	Cycles: ____
	c. What is the response to chemotherapy?	
	<input type="checkbox"/> No response <input type="checkbox"/> Partial response <input type="checkbox"/> Complete response	
4.	What is the stage at diagnosis?	
	<input type="checkbox"/> Stage IA <input type="checkbox"/> Stage IIA <input type="checkbox"/> Stage IIIA <input type="checkbox"/> Stage IVA <input type="checkbox"/> Stage IB <input type="checkbox"/> Stage IIB <input type="checkbox"/> Stage IIIB <input type="checkbox"/> Stage IVB	

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