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.

<table>
<thead>
<tr>
<th><strong>Patient name:</strong></th>
<th><strong>DOB:</strong></th>
<th><strong>What is the radiation therapy treatment start date (mm/dd/yyyy)?</strong></th>
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</table>

1. Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?
   - Yes
   - No

2. What is the treatment intent?
   - Palliative
   - Post-operative (adjuvant)
   - Definitive
   - Pre-operative (neo-adjuvant)

3. If post-operative is the treatment intent, then answer the following questions:
   a. What is the clinical T stage?
      - T0
      - T1
      - T2
      - T3
      - T4
      - Tis
   b. What is the nodal status?
      - N0
      - N1
      - N2
   c. What is the resection margin status?
      - Negative margins
      - Positive margins
      - N/A

4. What technique will be used to deliver the radiation therapy?
   - Intensity modulated radiation therapy (IMRT)
   - Stereotactic body radiation therapy (SBRT)

*Continued on next page*
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| 5. | Note any additional information in the space below. |