Physician Worksheet for Multiple Myeloma
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 treatment start date (mm/dd/yyyy)?		_____ /_____ /_____
1.	Is treatment planned for palliation of multiple myeloma? *If yes is selected, skip forward to question #3.*	☐ Yes ☐ No
2.	Is treatment planned for a solitary plasmacytoma (either bone or extraosseous)?	☐ Yes ☐ No
If treatment is not planned for palliation of multiple myeloma or for solitary plasmacytoma, please stop and use the appropriate worksheet for the patient's diagnosis.		
3.	What is the location/site being treated?	_____
4.	a. Are you treating a second and/or third site? *If no is selected, skip forward to question #5.*	☐ Yes ☐ No
	b. What is the second location/site being treated?	_____
	c. What is the third location/site being treated?	_____
	d. Will sites be treated concurrently?	☐ Yes ☐ No
5.	What technique will be used to deliver the radiation therapy?	
	☐ Intensity modulated radiation therapy (IMRT) ☐ Stereotactic body radiation therapy (SBRT)	

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6.	What is the patient's ECOG performance status?	☐ 0	Fully active, able to carry on all pre-disease performance without restriction.
		☐ 1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
		☐ 2	Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
		☐ 3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.
		☐ 4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.

7.	Is the area to be treated abutting, overlapping, or within a previously irradiated area?	☐ Yes ☐ No

8.	Note any additional information in the space below.