Physician Worksheet for
Non Cancer Radiation Therapy
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. For which diagnosis type is the member receiving radiation therapy?

Benign cranial requests

- ☐ Acoustic neuroma (vestibular schwanoma)
- ☐ AVM (arteriovenous malformation)
- ☐ Cavernous malformation
- ☐ Chordoma
- ☐ Craniophayngioma
- ☐ Langerhans cell histiocytosis
- ☐ Meningioma
- ☐ Pituitary adenoma
- ☐ Other CNS benign tumor:_____

Benign non-skin requests

- ☐ Bursitis
- ☐ Carotid body tumor (see chemodectoma)
- ☐ Castleman disease (giant lymph node hyperplasia)
- ☐ Chemodectoma (carotid, glomus jugulare, aortic)
- ☐ Choroidal hemangioma
- ☐ Desmoid tumor
- ☐ Dupuytren's contracture
- ☐ Glomus jugulare
- ☐ Glomus tympanicum
- ☐ Glomus vagale
- ☐ Gorham-stout syndrome (disappearing bone syndrome)
- ☐ Graves ophthalmopathy
- ☐ Gynecomastia
- ☐ Hypertrophic ossification (before or after surgery)
- ☐ Langerhans cell histiocytosis
- ☐ Macular degeneration
- ☐ Orbital myositis
- ☐ Osteoarthritis
- ☐ Paraganglioma
- ☐ Peyronie disease
- ☐ Pigmented villonodular synovitis
- ☐ Plantar fasciitis
- ☐ Pterygium
- ☐ Rotator cuff syndrome
- ☐ Rosai-dorfman disease
- ☐ Splenomegaly (not always a benign etiology)
- ☐ Tendonitis
- ☐ Tennis elbow
- ☐ Thymoma
- ☐ Vertebral hemangioma
- ☐ Other non-cranial/skin benign condition: _____

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.

	Benign cranial functional requests
	☐ Epilepsy ☐ Parkinson's disease ☐ Psychiatric disorders ☐ Trigeminal neuralgia ☐ Other CNS functional:_____
	Benign skin requests
	☐ Keloid scar ☐ Psoriasis ☐ Other benign skin:_____
2.	What technique will be used?
	☐ Intensity modulated radiation therapy (IMRT) ☐ Stereotactic body radiation therapy (SBRT) ☐ Stereotactic Radiosurgery (SRS)
3.	Note any additional information in the space below: