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. a. What is the histology?
   - [ ] Indolent, such as Follicular lymphoma, MALT (including gastric, orbital)
   - [ ] Aggressive, such as Diffuse Large B-cell Lymphoma (DLBCL), Mantle cell lymphoma
   - [ ] NK/T lymphoma
   - [ ] Mycosis Fungoides (MF)
   - [ ] Primary CNS Lymphoma (PCNSL)
   - [ ] Other
   
   b. If PCNSL is selected, do not continue with the Non-Hodgkin’s Lymphoma worksheet. Instead, complete the CNS Lymphoma worksheet.

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

3. What is the stage?
   - [ ] Stage IA
   - [ ] Stage IIA
   - [ ] Stage IIIA
   - [ ] Stage IVA
   - [ ] Stage IB
   - [ ] Stage IIB
   - [ ] Stage IIIB
   - [ ] Stage IVA
   - [ ] Stage IVB

4. Is treatment being directed above the diaphragm?
   - [ ] Yes
   - [ ] No

5. What is the site/location of treatment?
   - Fill in the site: ____________________

Continued on next page
Physician Worksheet for Non-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.

<table>
<thead>
<tr>
<th>6.</th>
<th>What is the treatment technique?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intensity modulated radiation therapy (IMRT)</td>
</tr>
<tr>
<td></td>
<td>Stereotactic body radiation therapy (SBRT)</td>
</tr>
</tbody>
</table>

| 7. | Note any additional information in the space below: |