

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.		
1.	a. What is the histology?	
	<input type="checkbox"/> Indolent, such as Follicular lymphoma, MALT (including gastric, orbital) <input type="checkbox"/> Aggressive, such as Diffuse Large B-cell Lymphoma (DLBCL), Mantle cell lymphoma <input type="checkbox"/> NK/T lymphoma <input type="checkbox"/> Mycosis Fungoides (MF) <input type="checkbox"/> Primary CNS Lymphoma (PCNSL) <input type="checkbox"/> Other	
	b. If PCNSL is selected, do not continue with the Non-Hodgkin's Lymphoma worksheet. Instead, complete the CNS Lymphoma worksheet.	
2.		
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.		
3.	What is the stage?	
	<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	
4.		
4.	Is treatment being directed above the diaphragm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		
5.	What is the site/location of treatment?	
	Fill in the site: _____	
Continued on next page		

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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: