



**Physician Worksheet for Non-Small Cell Lung Cancer
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.

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| Patient/ Member | First Name: | Middle Initial: | Last Name: |
| | DOB (mm/dd/yyyy): | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Health Plan: | | Member ID: |

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| Clinical Information | ICD-10 Code(s): |
| | What is the radiation therapy treatment start date (mm/dd/yyyy)? |
| | <i>Please have the answers to below questions prepared as these questions may be asked.</i> |
| | What is the stage of the lung cancer at the time of original diagnosis? |
| | <input type="checkbox"/> IA or IB <input type="checkbox"/> IIA (T2bN0) <input type="checkbox"/> IIB (T3N0) <input type="checkbox"/> IIB (T1N1, T2N1) <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IIIC <input type="checkbox"/> IV (including oligometastatic disease) <input type="checkbox"/> Loco-regional Recurrence |
| | What is the treatment intent? |
| | <input type="checkbox"/> Curative, No surgery planned or performed <input type="checkbox"/> Curative, Post-operative (adjuvant) <input type="checkbox"/> Curative, Pre-operative (neo-adjuvant) <input type="checkbox"/> Curative, Treatment of the primary in an oligometastatic setting <input type="checkbox"/> Palliative (to alleviate symptoms) |
| | What treatment technique will be used? |
| <input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) <input type="checkbox"/> Stereotactic Body Radiation Therapy (SBRT) | |

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| Clinical Information | Additional Comments/Information: |
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