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. What is the histology?
   - Basal cell carcinoma
   - Merkel cell carcinoma
   - Squamous cell carcinoma
   - Mycosis Fungoides
   - Other: ________________________
   - Melanoma
   - Kaposi’s sarcoma

2. Does the patient have distant metastases disease (stage M1), i.e. to brain, lung, liver, bone? □ Yes □ No

3. What is the location being treated? ___________________

4. Will regional lymph nodes be irradiated? □ Yes □ No

5. What is the treatment plan?
   - Intensity modulated radiation therapy (IMRT)
   - Stereotactic body radiation therapy (SBRT)

6. Note any additional information in the space below: