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:	