

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 stage of the cancer?	<input type="checkbox"/> Limited <input type="checkbox"/> Extensive
2.	If extensive stage, what is the response following chemotherapy?	<input type="checkbox"/> Complete response (CR) <input type="checkbox"/> No response (NR) <input type="checkbox"/> Partial response (PR) <input type="checkbox"/> Progressive disease (POD)
3.	a. What is the clinical T-stage?	<input type="checkbox"/> TX <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3 <input type="checkbox"/> T4
	b. What is the clinical N-stage?	<input type="checkbox"/> NX <input type="checkbox"/> N0 <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> N3
	c. Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4.	What is the treatment intent?

Continued on next page

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.

5.	What is the treatment plan?	
	<input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) <input type="checkbox"/> Stereotactic body radiation therapy (SBRT)	
6.	Is the area to be treated abutting or overlapping a previously irradiated area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Note any additional information in the space below:	