

**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.

<b>Patient name:</b>		<b>DOB:</b> ____ / ____ / ____	
<b>What is the radiation therapy treatment start date (mm/dd/yyyy)?</b>		____ / ____ / ____	
1.	Where is the soft tissue sarcoma located?		
2.	What is the intent of treatment?		
	<input type="checkbox"/> Palliative, for relief of symptoms <input type="checkbox"/> Definitive, biopsy only and no resection completed or planned <input type="checkbox"/> Pre-operative, resection planned after pre-operative radiation <input type="checkbox"/> Borderline resectable, neoadjuvant radiation to convert from unresectable to resectable <input type="checkbox"/> Post-operative, resection performed no pre-radiation given <input type="checkbox"/> Post-operative, pre-operative radiation was given <input type="checkbox"/> Re-treatment of localized recurrent disease with curative, salvage intent		
3.	a. What is the T stage?		T stage: _____
	b. What is the N stage?		N stage: _____
	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 patient's ECOG performance status?	<input type="checkbox"/> 0	Fully active, able to carry on all pre-disease performance without restriction.
		<input type="checkbox"/> 1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
		<input type="checkbox"/> 2	Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours.
		<input type="checkbox"/> 3	Capable of only limited self care, confined to bed or chair more than 50% of waking hours.
		<input type="checkbox"/> 4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
<b>Continued on next page</b>			

