Physician Worksheet for Anal 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 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. If you have questions about prior authorization submissions or need to request an expedited review, please call UnitedHealthcare Clinical Requests at 866-889-8054.

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<th>Member name:</th>
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Please provide the radiation therapy treatment start date (MM/DD/YYYY): ____ / ____ / ____

1. Will the treatment be directed to the primary site?  □ Yes □ No

Do not proceed if treatment is being directed to a metastatic site such as bone, brain, liver or lung. Instead, complete the appropriate worksheet for the metastatic site.

2. Does the member have distant metastatic disease?  □ Yes □ No

3. What is the intent/timing of treatment?
   - □ Curative with concurrent chemotherapy
   - □ Curative with radiation therapy alone
   - □ Palliation

4. What is the treatment technique being requested? (select one only)
   - □ IMRT
   - □ SBRT

5. Please note any additional information below.

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