**Physician Worksheet for Esophagus 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 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.

<table>
<thead>
<tr>
<th>Patient name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the radiation therapy treatment start date (mm/dd/yyyy)?</td>
<td></td>
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</tbody>
</table>

1. Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?
   - [ ] Yes
   - [ ] No

2. What is the location of the tumor?
   - [ ] Cervical
   - [ ] Upper thoracic
   - [ ] Mid thoracic
   - [ ] Lower thoracic/GEJ

3. What is the clinical or pathologic T-stage?
   - [ ] T1a
   - [ ] T2
   - [ ] T4a
   - [ ] T1b
   - [ ] T3
   - [ ] T4b

4. What is the clinical or pathologic N-stage?
   - [ ] N0
   - [ ] N1
   - [ ] N2
   - [ ] N3

5. What is the treatment intent?
   - [ ] Preoperative (neo-adjuvant)
   - [ ] Definitive (no surgery planned)
   - [ ] Postoperative (adjuvant)
   - [ ] Palliative (for relief of symptoms)

*Continued on next page*
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6. What is the treatment technique?

- [ ] Intensity modulated radiation therapy (IMRT)
- [ ] Stereotactic body radiation therapy (SBRT)

7. Note any additional information in the space below: