Physician Worksheet for Gastric 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](http://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**.

**Member name:**

Please provide the radiation therapy treatment start date (MM/DD/YYYY):

<table>
<thead>
<tr>
<th>Date:</th>
<th>MM</th>
<th>DD</th>
<th>YYYY</th>
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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 the treatment?

   - [ ] Adjuvant radiation (post-operative)
   - [ ] Neoadjuvant radiation (pre-operative)
   - [ ] Initial primary treatment (no surgery planned)
   - [ ] Treatment of isolated/local recurrence at the primary site
   - [ ] Palliation

4. Is the area to be treated abutting, within, or overlapping an area that has been previously treated with radiation therapy?  
   - [ ] Yes  
   - [ ] No

5. What is the treatment technique being requested? (select one only)

   - [ ] IMRT
   - [ ] SBRT (up to 5 treatment fractions)
   - [ ] SBRT boost (up to 5 treatment fractions)
   - [ ] Other: _________________________

6. What is the intended total radiation dose?

   - [ ] Less than 50.5 Gy
   - [ ] 50.5 Gy to 54 Gy
   - [ ] Greater than 54 Gy

7. Did you consider 3D, including Tomo3D, for the member?  
   - [ ] Yes  
   - [ ] No

8. Please note any additional information below.

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Gastric Worksheet

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