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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1. Which primary site is being treated?
   - [ ] Gallbladder
   - [ ] Extrahepatic bile duct
   - [ ] Intrahepatic bile duct
   - [ ] Primary liver cancer (HCC)

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

3. What is the treatment intent?
   - [ ] Palliative
   - [ ] Post-operative (adjuvant)
   - [ ] Definitive
   - [ ] Pre-operative (neo-adjuvant)

4. If post-operative is the treatment intent, then answer the following questions:
   a. What is the clinical T stage?
      - [ ] T0
      - [ ] T1
      - [ ] T2
      - [ ] T3
      - [ ] T4
      - [ ] Tis
   b. What is the nodal status?
      - [ ] N0
      - [ ] N1
      - [ ] N2
   c. What is the resection margin status?
      - [ ] Negative margins
      - [ ] Positive margins
      - [ ] N/A

Continued on next page
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<tr>
<td>5.</td>
<td>What technique will be used to deliver the radiation therapy?</td>
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<tr>
<td></td>
<td>[ ] Intensity modulated radiation therapy (IMRT)</td>
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<tr>
<td></td>
<td>[ ] Stereotactic body radiation therapy (SBRT)</td>
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<td>6.</td>
<td>Note any additional information in the space below.</td>
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