Physician Worksheet for Other Cancer Types
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.

Patient name:	**DOB:** _____ /_____ /_____
What is the radiation therapy start date (mm/dd/yyyy)?	_____ /_____ /_____

1. What is the primary diagnosis?

☐ Adrenal Cancer	☐ Kidney Cancer
☐ Anal Cancer	☐ Liver Cancer
☐ Bile Duct Cancer	☐ Lung Cancer – Non Small Cell
☐ Bladder Cancer	☐ Lung Cancer – Small Cell
☐ Bone Metastases	☐ Multiple Myeloma
☐ Brain Metastases	☐ Non-Cancerous Diagnosis
☐ Breast Cancer	☐ Oligometastases
☐ Cervical Cancer	☐ Pancreatic Cancer
☐ CNS Lymphoma	☐ Prostate Cancer
☐ CNS Neoplasm	☐ Rectal Cancer
☐ Endometrial Cancer	☐ Skin Cancer
☐ Esophagus Cancer	☐ Soft Tissue Sarcoma
☐ Gallbladder Cancer	☐ Testicular Cancer
☐ Gastric (Stomach) Cancer	☐ Urethral and Ureteral Cancer
☐ Head and Neck Cancer	☐ Vulva Cancer
☐ Hepatobiliary Cancer	☐ Metastases (Non-Bone/Brain)
☐ Hodgkin's Lymphoma	☐ Other

If Other was not selected, please stop and fill out the appropriate physician worksheet.

2. Please specify the primary diagnosis: _____

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3.	a. What is the patient's ECOG performance status?	☐ 0	Fully active, able to carry on all pre-disease performance without restriction.
		☐ 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.
		☐ 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.
		☐ 3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours.
		☐ 4	Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
	b. If the ECOG status is due to the cancer, is the status expected to improve with radiation therapy treatment?		☐ Yes ☐ No
4.	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?		☐ Yes ☐ No

If the diagnosis is brain or bone metastases, stop and use the brain or bone metastases worksheet.

5. a. What is the intent of treatment?

☐ Initial primary treatment
☐ Pre-operative radiation
☐ Post-operative radiation
☐ Palliation at primary site
☐ Isolated <u>local</u> recurrence at primary or adjacent site
☐ Palliation of metastatic site - *explain below in question #5b*
☐ Other - *explain below in question #5b*

b. If intent of treatment is "palliation of metastatic site" or "other", then use the space below to list the metastatic sites to be treated and to explain the treatment intent in further detail.

If treatment intent is "palliation at metastatic site", "palliation at primary site" or "other" (see question #5a), skip forward to question #8. Otherwise, continue forward to question #6

6. a. What is the clinical stage?

☐ T1 ☐ T2 ☐ T3 ☐ T4 ☐ Unknown

b. Nodes:

☐ N0 ☐ N1 ☐ N2 ☐ N3 ☐ Nx

7.	Is the area to be treated abutting or overlapping a previously irradiated area?	☐ Yes ☐ No

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8.	What is the EBRT technique?
	☐ Intensity modulated radiation therapy (IMRT) ☐ Stereotactic body radiation therapy (SBRT) ☐ Stereotactic radiosurgery (SRS)
9.	Note any additional information in the space below: