Physician Worksheet for Pancreatic 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.

Patient name:		**DOB:** _____ /_____ / _____
What is the radiation therapy treatment start date (mm/dd/yyyy)?		_____ /_____ / _____
1.	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	☐ Yes ☐ No
2.	What is the timing of radiation?	
	☐ Adjuvant (postoperative) ☐ Neoadjuvant (preoperative) ☐ Local recurrence/persistence ☐ Definitive (no surgery planned) ☐ Palliative (for relief of symptoms)	
3.	What is the T-stage?	
	☐ T1 ☐ T3 ☐ T2 ☐ T4	
4.	What is the N-stage?	☐ N0 ☐ N1
5.	If surgery was done, which of the following is present?	
	☐ Negative margins ☐ Positive margins ☐ Gross residual disease ☐ None of the above ☐ N/A	
6.	What technique will be used to deliver the radiation therapy?	
	☐ Stereotactic body radiation therapy (SBRT) ☐ Intensity modulated radiation therapy (IMRT)	

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7.	a. Was chemotherapy given prior to starting radiation?	☐ Yes ☐ No
	b. If yes, what is the response following chemotherapy?	
	☐ Complete response (CR) ☐ Partial response (PR) ☐ No response (NR) ☐ Progressive disease (POD)	
8.	Note any additional information in the space below.	