**Physician Worksheet for Primary Liver (Hepatocellular) 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.

<table>
<thead>
<tr>
<th><strong>Member name:</strong></th>
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Please provide the radiation therapy treatment start date (MM/DD/YYYY): _______ / _______ / _______

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. Use the appropriate worksheet for that site.*

2. Does the member have distant metastatic disease?  
   - [ ] Yes  
   - [ ] No

3. What is the intent/timing of treatment?  
   - [ ] Curative  
   - [ ] Bridge treatment to transplant  
   - [ ] Palliation

4. What is the treatment technique being requested? (select one only)  
   - [ ] IMRT  
   - [ ] SBRT  
   - [ ] SBRT boost

5. Can all the disease be included in a plan that treats all disease concurrently?  
   - [ ] Yes  
   - [ ] No

6. Please note any additional information below.

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