United Healthcare®

Physician Worksheet for Prostate 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/ Member			
	First Name:	Middle Initial:	Last Name:
	DOB *(mm/dd/yyyy)*:		Gender: ☐ Male ☐ Female
	Health Plan:		Member ID:

Clinical Information	
	ICD-10 Code(s):
	What is the radiation therapy treatment start date *(mm/dd/yyyy)*?
	Please have the answers to below questions prepared as these questions may be asked.
	Is radiation being delivered as:
	☐ Initial treatment for a newly diagnosed prostate cancer without distant metastatic disease ☐ Post-prostatectomy adjuvant therapy due to adverse pathology without distant metastatic disease ☐ Post-prostatectomy salvage therapy due to recurrence without distant metastatic disease ☐ Palliative therapy (i.e. non-curative therapy to alleviate obstructive symptoms or bleeding) ☐ Other (e.g. Recurrent prostate cancer, Definitive treatment of prostate in the metastatic setting)
	What is/was the patient's risk group (as defined by NCCN®)?
	☐ Very Low-risk (T1c and Gleason <= 6 and PSA under 10 ng/mL and 1-2 Positive Cores with <=50% involvement in each core and PSA density < 0.15 ng/mL/g) ☐ Low-risk (T1-T2a and Gleason <= 6 and PSA under 10 ng/mL) ☐ Favorable Intermediate-risk (T2b-T2c or PSA 10-20 ng/mL; Gleason (3+4) and <50% of cores are positive) ☐ Unfavorable Intermediate-risk (T2b-T2c and/or PSA 10-20 ng/mL; and Gleason (4+3)) ☐ High-risk (T3a or Gleason 8-10 or PSA > 20) ☐ Very High-risk (T3b-T4 or > 4 Cores of Gleason 8-10 or Primary Gleason 5) ☐ Regional (any T, N1, M0) ☐ Distant metastases (i.e. spread to bone)
	If high or very high risk, will the pelvic lymph nodes be treated? ☐ Yes ☐ No ☐ N/A
	What treatment technique will be used?
	☐ Hypofractionated Intensity Modulated Radiation Therapy (IMRT) ☐ Conventionally fractionated Intensity Modulated Radiation Therapy (IMRT) ☐ Stereotactic Body Radiation Therapy (SBRT)

Clinical Information

Additional Comments/Information: