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 was the T stage at initial diagnosis?

☐ T0	☐ T2a	☐ T3a
☐ T1a	☐ T2b	☐ T3b
☐ T1b	☐ T2c	☐ T4
☐ T1c		

Has the cancer spread to any of the regional lymph nodes (N1 disease)? ☐ Yes ☐ No ☐ N/A

What is the patient's PSA level (ng/mL)? ________________ng/mL

What is/was the patient's Gleason score (range: 2 to 10)?

☐ <= 6	☐ 8
☐ 3 + 4 = 7	☐ 9 or 10
☐ 4 + 3 = 7	☐ Unknown

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: