United Healthcare

Physician Worksheet for Rectal 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.	What is the timing of radiation?	
	☐ Neo-adjuvant (pre-operative) ☐ Adjuvant radiation (post-operative) following local excision (e.g. Transanal, Kraske) ☐ Adjuvant radiation (post-operative) following transabdominal resection (LAR or APR) ☐ Initial primary treatment/ definitive (no surgery planned) ☐ Local recurrence/ persistence	
2.	What is the clinical T stage?	
	☐ T0 ☐ T1 ☐ T2	☐ T3 ☐ T4
3.	What is the nodal status?	
	☐ Negative ☐ Positive ☐ N/A	
4.	a. Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	☐ Yes ☐ No
	b. If the patient has metastatic disease, is he/she planned to undergo surgical resection of the metastases?	☐ Yes ☐ No

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5.	Were any of the following high risk features evident on the pathologic specimen?
	☐ Lymphovascular space invasion ☐ Positive margins ☐ Poorly differentiated tumors ☐ No high risk features ☐ N/A
6.	What is the treatment intent?
	☐ Definitive ☐ Palliation
7.	What technique will be used to deliver the radiation therapy?
	☐ Intensity modulated radiation therapy (IMRT) ☐ Stereotactic body radiation therapy (SBRT)
8.	Note any additional information in the space below.