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.

<table>
<thead>
<tr>
<th>Patient name:</th>
<th>DOB: _____ / _____ / _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the radiation therapy treatment start date (mm/dd/yyyy)?</td>
<td>_____ / _____ / _____</td>
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</tbody>
</table>

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

Continued on next page
### 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.

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