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: _____ / _____ / ________

<table>
<thead>
<tr>
<th>What is the radiation therapy treatment start date (mm/dd/yyyy)?</th>
<th>_____ / _____ / ________</th>
</tr>
</thead>
</table>

1. **What is the stage of the cancer?**
   - [ ] Limited
   - [ ] Extensive

2. **If extensive stage, what is the response following chemotherapy?**
   - [ ] Complete response (CR)
   - [ ] No response (NR)
   - [ ] Partial response (PR)
   - [ ] Progressive disease (POD)

3. **a. What is the clinical T-stage?**
   - [ ] TX
   - [ ] T1
   - [ ] T2
   - [ ] T3
   - [ ] T4

   **b. What is the clinical N-stage?**
   - [ ] NX
   - [ ] N0
   - [ ] N1
   - [ ] N2
   - [ ] N3

   **c. Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?**
   - [ ] Yes
   - [ ] No

4. **What is the treatment intent?**
   - [ ] Definitive (curative)
   - [ ] Palliative (for relief of symptoms)

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*Continued on next page*
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<table>
<thead>
<tr>
<th>5.</th>
<th>What is the treatment plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Intensity Modulated Radiation Therapy (IMRT)</td>
</tr>
<tr>
<td></td>
<td>☐ Stereotactic body radiation therapy (SBRT)</td>
</tr>
</tbody>
</table>

| 6. | Is the area to be treated abutting or overlapping a previously irradiated area? | ☐ Yes ☐ No |

| 7. | Note any additional information in the space below: |