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>
</tr>
</tbody>
</table>

1. Where is the soft tissue sarcoma located?

2. What is the intent of treatment?
   - □ Palliative, for relief of symptoms
   - □ Definitive, biopsy only and no resection completed or planned
   - □ Pre-operative, resection planned after pre-operative radiation
   - □ Borderline resectable, neoadjuvant radiation to convert from unresectable to resectable
   - □ Post-operative, resection performed no pre-radiation given
   - □ Post-operative, pre-operative radiation was given
   - □ Re-treatment of localized recurrent disease with curative, salvage intent

3. a. What is the T stage? T stage: ___________
b. What is the N stage? N stage: ___________
c. Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)? □ Yes □ No

4. What is the patient’s ECOG performance status?
   - □ 0 Fully active, able to carry on all pre-disease performance without restriction.
   - □ 1 Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.
   - □ 2 Ambulatory and capable of all self care but unable to carry out any work activities. Up and about more than 50% of waking hours.
   - □ 3 Capable of only limited self care, confined to bed or chair more than 50% of waking hours.
   - □ 4 Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.

Continued on next page
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>5. What is the treatment plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Intensity modulated radiation therapy (IMRT)</td>
</tr>
<tr>
<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: |