Physician Worksheet for Testicular 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 primary histology? ☐ Seminoma ☐ Non-seminoma	
2.	Does the patient have distant metastases (stage M1) (i.e. to brain, lung, liver, bone)?	☐ Yes ☐ No
3.	What is the treatment intent? ☐ Postoperative (adjuvant) ☐ Palliative (for relief of symptoms)	
4.	What is the clinical stage? ☐ Stage I (IA or IB or IS) ☐ Stage IIA or IIB ☐ Stage IIC ☐ Stage III (IIIA – IIIC)	
5.	What is the treatment plan? ☐ Intensity modulated radiation therapy (IMRT) ☐ Stereotactic body radiation therapy (SBRT)	
6.	Is the area to be treated abutting or overlapping a previously irradiated area?	☐ Yes ☐ No

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7.	Note any additional information in the space below.