United Healthcare®

Physician Worksheet for Vulva 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 start date (mm/dd/yyyy)?		_____ /_____ /_____
1.	Is this treatment being directed to the primary site?	☐ Yes ☐ No
	If treatment is not being directed to the primary site, submit a request for the metastatic site.	
2.	Does the patient have distant metastatic disease?	☐ Yes ☐ No
3.	a. What is the treatment intent?	
	☐ Postoperative ☐ Preoperative ☐ Definitive (no surgery planned) ☐ Locoregional recurrence at primary site or regional lymph nodes ☐ Palliative (for relief of symptoms)	
	b. If preoperative or postoperative is the treatment intent, are any of the following risk factors present? 1. Tumor > 4 cm 2. > 1 mm invasion 3. Lymphovascular invasion 4. Positive Pelvic Nodes 5. Positive Inguinal/Femoral Nodes 6. Positive/Close Surgical Margin (< 8 mm) 7. Pattern of invasion (spray, diffuse)	☐ Yes ☐ No
	c. If definitive is the treatment intent, what is the patient's initial TNM (AJCC 7th Edition) Stage?	
	☐ Stage 0 ☐ Stage I ☐ Stage I A ☐ Stage IB ☐ Stage II ☐ Stage IIIA ☐ Stage IIIB ☐ Stage IIIC ☐ Stage IVA ☐ Stage IVB	

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.

4.	What is the treatment technique?
	☐ Intensity modulated radiation therapy (IMRT) ☐ Stereotactic body radiation therapy (SBRT)
5.	Note any additional information in the space below: