

# Preview questionnaire: Vascular embolization or occlusion (TACE / RFA)

For Blue Care Network HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members

For Blue Cross Medicare Plus Blue<sup>SM</sup> PPO members

Eff. Oct 28, 2018

## Vascular embolization or occlusion (TACE / RFA)

Members must meet medical necessity criteria. Submit prior authorization requests through the e-referral system. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and the plan cannot authorize it, the plan will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

**Applicable procedure codes:** \*37242, \*37243

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- 1.\*The TACE/RFA Questionnaire is required [Questionnaire Assessment](#).
- 2.Please attach any clinical information you would like BCBSM to consider for this request from the patients medical record up in the Case Communication field.

**See below for the questions you'll encounter for this procedure in the e-referral system.**

### TACE/RFA

*Answering the question(s) below will provide additional information needed to process your request.*

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

- Q** Does the patient have early stage hepatocellular carcinoma by biopsy or imaging LIMITED to the liver AND is UNRESECTABLE AND tumor size is: greater than 3 cm and less than or equal to 5 cm? Note: Unresectable is defined as either multiple liver metastases involving both lobes; tumor invasion where the three hepatic veins enter the inferior vena cava; no hepatic veins could be preserved; tumor invasion of the porta hepatis and neither the right or left portal veins could be preserved; widespread metastases such that resection would leave less liver than is compatible with survival.

**A**

Possible answers:  Yes  No  N/A

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You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

**Q** Does the patient have intermediate stage hepatocellular carcinoma by biopsy or imaging limited to the liver and no portal vein tumor invasion?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have early stage hepatocellular carcinoma by biopsy or imaging and the procedure of radiofrequency ablation OR transcatheter arterial chemoembolization is a bridge to liver transplant AND the intent is to prevent further tumor growth and maintain patient's candidacy for liver transplant?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient whom the radiofrequency ablation OR transcatheter arterial chemoembolization procedure is planned for have a primary neuroendocrine tumor that has metastasized to the liver AND systemic therapy has failed to control symptoms AND is not a candidate for surgical liver resection?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have liver metastasis WITH liver-dominant metastatic uveal melanoma AND TRANSCATHETER ARTERIAL CHEMOEMBOLIZATION is planned?

**A**

Possible answers:  Yes  No  N/A

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You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

**Q** For planned RADIOFREQUENCY ABLATION does the patient have UNRESECTABLE hepatic metastases from colorectal carcinoma that is progressive and diffuse AND the patient is EITHER refractory to chemotherapy OR not a candidate for chemotherapy or other systemic therapies? Note: Unresectable is defined as either multiple liver metastases involving both lobes; tumor invasion where the three hepatic veins enter the inferior vena cava; no hepatic veins could be preserved; tumor invasion of the porta hepatis and neither the right or left portal veins could be preserved; widespread metastases such that resection would leave less liver than is compatible with survival.

**A**  Possible answers:  Yes  No  N/A

**Q** For planned RADIOFREQUENCY ABLATION does the patient have UNRESECTABLE hepatic metastases from melanoma (ocular or cutaneous) that is progressive and diffuse AND the patient is EITHER refractory to chemotherapy OR not a candidate for chemotherapy or other systemic therapies? Note: Unresectable is defined as either multiple liver metastases involving both lobes; tumor invasion where the three hepatic veins enter the inferior vena cava; no hepatic veins could be preserved; tumor invasion of the porta hepatis and neither the right or left portal veins could be preserved; widespread metastases such that resection would leave less liver than is compatible with survival.

**A**  Possible answers:  Yes  No  N/A

**Q** For planned RADIOFREQUENCY ABLATION does the patient have UNRESECTABLE hepatic metastases from breast cancer that is progressive and diffuse AND the patient is EITHER refractory to chemotherapy OR not a candidate for chemotherapy or other systemic therapies? Note: Unresectable is defined as either multiple liver metastases involving both lobes; tumor invasion where the three hepatic veins enter the inferior vena cava; no hepatic veins could be preserved; tumor invasion of the porta hepatis and neither the right or left portal veins could be preserved; widespread metastases such that resection would leave less liver than is compatible with survival.

**A**  Possible answers:  Yes  No  N/A

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You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

**Q** Does the patient have primary intrahepatic cholangiocarcinoma with UNRESECTABLE tumors AND RADIOFREQUENCY ABLATION is planned?  
Note: Unresectable is defined as either multiple liver metastases involving both lobes; tumor invasion where the three hepatic veins enter the inferior vena cava; no hepatic veins could be preserved; tumor invasion of the porta hepatis and neither the right or left portal veins could be preserved; widespread metastases such that resection would leave less liver than is compatible with survival.

**A**  Possible answers:  Yes  No  N/A

**Q** Does the patient have radiosensitive tumors metastatic to the liver with liver limited OR liver dominant disease AND treatment is for symptom palliation or prolongation of survival AND radiofrequency ablation is planned?

**A**  Possible answers:  Yes  No  N/A