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## Preview questionnaire:

### Vascular embolization or occlusion (TACE/RFA)

For Medicare Plus Blue<sup>SM</sup> PPO, BCN HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members

Effective June 28, 2020

#### Vascular embolization or occlusion (TACE/RFA)

We provide coverage for this procedure for adult members who meet medical necessity criteria.

Submit 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 we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: \*37242, \*37243

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

**Q** Does the patient have early stage hepatocellular carcinoma by biopsy or imaging LIMITED to the liver AND BOTH A and B? A. Tumor is UNRESECTABLE. B. Tumor size is greater than 3 cm and equal to or less than 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

**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 BOTH A and B? A. Systemic therapy has failed to control symptoms B. Surgical resection is not possible

**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

**Q** For planned RADIOFREQUENCY ABLATION does the patient have UNRESECTABLE hepatic metastases from colorectal carcinoma that is progressive and diffuse AND EITHER A or B? A. Refractory to chemotherapy B. 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 TRANSCATHETER ARTERIAL CHEMOEMBOLIZATION does the patient have UNRESECTABLE hepatic metastases from melanoma (ocular or cutaneous) that is progressive and diffuse AND EITHER A or B? A. Refractory to chemotherapy B. 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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**Q** For planned RADIOFREQUENCY ABLATION does the patient have UNRESECTABLE hepatic metastases from breast cancer that is progressive and diffuse AND EITHER A or B? A. Refractory to chemotherapy B. 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** Does the patient have primary intrahepatic cholangiocarcinoma with UNRESECTABLE tumors AND TRANSCATHETER ARTERIAL CHEMOEMBOLIZATION 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 BOTH A and B? A. Treatment is for symptom palliation or prolongation of survival B. Radiofrequency ablation is planned

**A**

Possible answers:  Yes  No  N/A