

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

For Blue Care Network HMOSM (commercial) and BCN AdvantageSM members
For Blue Cross Medicare Plus BlueSM PPO members

Vascular embolization or occlusion (TACE / RFA / UAE)

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/UAE 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/UAE

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 hepatocellular carcinoma LIMITED to the liver AND is UNRESECTABLE? 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.



Possible answers: Yes No N/A

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See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

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

Q Does the patient have hepatocellular carcinoma limited to the liver that is UNRESECTABLE AND not associated with portal vein thrombosis? 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 hepatocellular carcinoma 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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See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

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 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 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 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 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 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

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See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

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

<p>Q</p> <p>A</p>	<p>Does the patient have liver dominant disease AND is refractory to chemotherapy OR is not a candidate for chemotherapy or other systemic therapies AND RADIOFREQUENCY ABLATION is planned?</p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q</p> <p>A</p>	<p>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.</p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q</p> <p>A</p>	<p>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?</p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q</p> <p>A</p>	<p>Is UTERINE ARTERY EMBOLIZATION PLANNED for a patient with ALL of the following? A normal vagina and cervix by physical examination. Fibroids identified by imaging. Other etiologies of bleeding have been ruled out. Pregnancy and related complications have been ruled out (or patient has a history of sterilization or is not sexually active). AT LEAST ONE of the following symptoms: abnormal bleeding; pelvic or abdominal pain or discomfort; urinary frequency or urgency; dyspareunia (difficult or painful sexual intercourse).</p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q</p> <p>A</p>	<p>Is UTERINE ARTERY EMBOLIZATION PLANNED for a patient that has arteriovenous malformation identified by imaging or hysteroscopy AND EITHER acute bleeding or performed to prevent the need for further surgery (for example, hysterectomy).</p> <p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>