



MEDICAL COVERAGE GUIDELINES  
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 09/12/17  
LAST REVIEW DATE: 08/21/18  
LAST CRITERIA REVISION DATE:  
ARCHIVE DATE:

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## RADIOFREQUENCY ABLATION OF PRIMARY OR METASTATIC LIVER TUMORS

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Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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## RADIOFREQUENCY ABLATION OF PRIMARY OR METASTATIC LIVER TUMORS (cont.)

### Description:

#### Radiofrequency Ablation:

In radiofrequency ablation (RFA), a probe is inserted into the center of a tumor and the noninsulated electrodes, which are shaped like prongs, are projected into the tumor; heat is generated locally by a high frequency, alternating current that flows from the electrodes. The local heat treats the tissue adjacent to the probe, resulting in a 3- to 5-cm sphere of dead tissue. The cells killed by RFA are not removed but are gradually replaced by fibrosis and scar tissue. If there is local recurrence, it occurs at the edge and, in some cases, may be retreated. RFA may be performed percutaneously, laparoscopically or as an open procedure.

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### Criteria:

**All requests for treatment of hepatocellular carcinoma with radiofrequency ablation will be reviewed by the medical director(s) and/or clinical advisor(s).**

- Radiofrequency ablation of primary, inoperable (e.g., due to location of lesion[s] and/or comorbid conditions), hepatocellular carcinoma is considered **medically necessary** with documentation of **ANY** of the following:
  1. As a primary treatment of hepatocellular carcinoma meeting the Milan criteria (a single tumor of 5 cm or less or up to 3 nodules less than 3 cm)
  2. As a bridge to transplant, where the intent is to prevent further tumor growth and to maintain an individual's candidacy for liver transplant
- Radiofrequency ablation as a primary treatment of inoperable hepatic metastases is considered **medically necessary** with documentation of **ANY** of the following:
  1. Metastases are of colorectal origin and meet the Milan criteria (a single tumor of 5 cm or less or up to 3 nodules less than 3 cm)
  2. Metastases are of neuroendocrine in origin and systemic therapy has failed to control symptoms



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## RADIOFREQUENCY ABLATION OF PRIMARY OR METASTATIC LIVER TUMORS (cont.)

### Criteria: (cont.)

- Radiofrequency ablation for all other indications not previously listed or if above criteria not met is considered ***experimental or investigational*** based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

These indications include, *but are not limited to:*

- Primary operable hepatocellular carcinoma
- Primary inoperable hepatocellular carcinoma when all sites of tumor foci cannot be adequately treated
- Primary inoperable hepatocellular carcinoma when there are more than 3 nodules
- Primary inoperable hepatocellular carcinoma when used to downstage (downsize) hepatocellular carcinoma in individuals being considered for liver transplant
- Hepatic metastases from other types of cancer with the exception of colorectal cancer or neuroendocrine tumors

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### Resources:

Literature reviewed 08/21/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources published prior to 04/30/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 7.01.91 BCBS Association Medical Policy Reference Manual. Radiofrequency Ablation of Primary or Metastatic Liver Tumors. Re-issue date 07/12/2018, issue date 12/15/2000.



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## RADIOFREQUENCY ABLATION OF PRIMARY OR METASTATIC LIVER TUMORS (cont.)

### Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, [crc@azblue.com](mailto:crc@azblue.com). You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bína'idíílkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'idíílkidgo beehaz'áanii hółq díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilinígóó. Ata' halne'ígíí kojí' bich'í' hodíilnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

### Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

