Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:
The liver is a frequent site of neoplastic disease. Hepatic tumors can arise either as primary liver cancer or by metastasis to the liver from other tissues. Options for treatment of liver tumors, whether primary or metastatic, are limited. The gold standard for treatment remains surgical resection, but due to the extent of disease or presence of disease beyond the liver, 80 percent of liver tumor patients are not amenable to surgery at the time of diagnosis. Radiofrequency thermal ablation of ultrasonically mapped liver tumors appears to offer patients a minimally invasive treatment for local control of liver tumors.

Radiofrequency ablation (RFA) uses electrical energy to ablate primary and metastatic liver tumors. A radiofrequency ablation applicator is placed directly into the tumor under direct vision by laparoscopy or laparotomy and with the aid of intraoperative ultrasound or by CT and ultrasound guidance. The applicator heats the tissue, causing tumor necrosis and the body absorbs the ablated tissue.

The available body of clinical evidence is sufficient to conclude that RFA of unresectable CRC metastases to the liver, absent extrahepatic metastatic disease, may be considered medically necessary all other indications are considered not medically necessary.

Medical Criteria:

Primary hepatocellular carcinoma (HCC):

Radiofrequency ablation of primary hepatocellular carcinoma (HCC) is considered medically necessary as a:

- Primary treatment of HCC for patients who are not candidates for curative therapy (resection or transplant) when there are no more than 3 nodules and all tumor foci can be adequately treated (see Note below).
- Bridge to transplant, where the intent is to prevent further tumor growth and to maintain a patient’s candidacy for liver transplant.
Note: RFA in patients with primary HCC should not be candidates for curative resections (e.g., due to location of lesion(s) and/or comorbid conditions) and also for liver transplantation.

Radiofrequency ablation of primary hepatocellular carcinoma (HCC) is considered **not medically necessary** when there are more than three nodules or when not all sites of tumor foci can be adequately treated.

**Hepatic Metastases:**

Radiofrequency ablation is considered **medically necessary** as a primary treatment of hepatic metastases:

- 5 cm or less in diameter from colorectal cancer in the absence of extrahepatic metastatic disease if tumor foci are deemed by the attending surgeon to be technically unresectable or patients are precluded from definitive hepatic resection due to underlying condition(s) and, in either case, when all tumor foci can be adequately treated (see Note below).
- from neuroendocrine tumors in patients with symptomatic disease when systemic therapy has failed to control symptoms.

Note: RFA in patients with metastatic colorectal or neuroendocrine tumors should not be candidates for curative resections (e.g., due to location of lesion(s) and/or comorbid conditions).

Radiofrequency ablation for hepatic metastasis is considered **not medically necessary**:

- for hepatic metastases from colorectal cancer or neuroendocrine tumors that do not meet the criteria above; and
- for hepatic metastases from other types of cancer with the exception of colorectal cancer or neuroendocrine tumors.

**Policy:**

**Preauthorization is required for BlueCHiP for Medicare and recommended for all other lines of business.**

Radiofrequency ablation of hepatic tumors may be considered medically necessary when the criteria above are met.

**Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable surgery benefits and for limitations of benefits/coverage when services are not medically necessary.

**Coding:**

The following radiofrequency ablation CPT codes are considered medically necessary when the above criteria are met and **require prior authorization:**

- 47370
- 47380
- 47382
- 76940
Related topics:
RFA

Published:
Provider Update, May 2008
Provider Update, May 2011
Provider Update, March 2012

References:

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