



## Medica Central Coverage Policy

**Policy Name:** Chemoembolization (CE) for Hepatic Tumors MP9462

**Effective Date:** 08/01/2024

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

### Coverage Policy

**Note:** This policy is no longer scheduled for routine review of the scientific literature.

Chemoembolization for hepatic tumors is **COVERED** for the treatment of unresectable primary hepatocellular carcinoma and hepatic metastases from neuroendocrine tumors.

Chemoembolization for hepatic tumors is investigative unproven, and therefore **NOT COVERED** for the treatment of all other indications. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

### Description

Chemoembolization, also called transarterial chemoembolization or TACE, is a treatment for hepatic (liver) cancer that is used as an alternative to conventional chemotherapy. TACE is a two-step method that involves placing a catheter in the artery that is supplying blood to a tumor, first to deliver the chemotherapeutic agent directly to the tumor and then an embolic agent (small beads also called microspheres) to "trap" the chemotherapy at the tumor site and block blood flow to the tumor. This targeted delivery of a chemotherapeutic agent ensures high concentrations of drug within the tumor while decreasing harm to healthy tissues. This procedure is usually performed by an interventional radiologist as an inpatient procedure. In general, this procedure is not expected to be curative, but is carried out with the intent to slow disease progression, prolong survival and temporarily improve quality of life.



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Drug-eluting beads transarterial chemoembolization (DEB-TACE) is an adaptation of TACE and is a single-step process. Beads are loaded with the chemotherapeutic agent prior to the procedure and delivered to the artery that is supplying blood to the tumor. This process delivers the drug and blocks the blood flow to the tumor in a single step. Since the drug is contained within the beads, its elution is more localized and longer lasting than in traditional TACE.

### FDA Approval

Chemoembolization for hepatic tumors is a procedure and, therefore, not subject to FDA regulation. However, the chemotherapy drugs, embolizing agents (small beads also called microspheres) and the devices and instruments used during the procedure are subject to FDA approval.

### Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

### Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

#### CPT Codes:

- **37241** - Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
- **37243** - Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage for tumors, organ ischemia, or infarction
- **75894** - Transcatheter therapy, embolization, any method, radiological supervision, and interpretation



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