

Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Radioembolization for Hepatic Tumors

MP9774

Covered Service: Yes

Prior Authorization Required: No

Additional Information: The coverage decision for radioembolization for hepatic tumors is based on the Food and Drug Administration (FDA) approval as a Humanitarian Device Exemption. [FDA Listing of CDRH Humanitarian Device Exemptions](#).

See [Chemoembolization of Hepatic Tumors MP9462](#) for additional information.

Medica Medical Policy:

- 1.0 Radioembolization for hepatic tumors with intra-hepatic microspheres (e.g., TheraSphere, SIR Spheres) **does not** require prior authorization and is considered medically necessary for **ANY** of the following indications.
 - 1.1 Unresectable primary hepatocellular carcinoma (HCC);
 - 1.2 Unresectable metastatic liver tumors from primary colorectal cancer;
 - 1.3 Unresectable metastatic liver tumors from neuroendocrine tumors;
 - 1.4 Unresectable primary intrahepatic cholangiocarcinoma;
 - 1.5 Unresectable metastatic liver tumors from uveal melanoma;
 - 1.6 Unresectable primary hepatocellular carcinoma as a bridge to liver transplantation.
- 2.0 Radioembolization for hepatic tumors Intra-Hepatic Microspheres is considered **experimental and investigational**, and therefore not covered for treatment of all other indications.

	Committee/Source	Date(s)
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