

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Chemoembolization (CE) for Hepatic Tumors

MP9462

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.

Prevea360 Health Plan Medical Policy:

- 1.0 Chemoembolization (CE) for hepatic tumors **does not** require prior authorization and is considered medically necessary for **ANY** of the following indications:
 - 1.1 For treatment of hepatitis metastases from neuroendocrine tumors;
 - 1.2 For the treatment of unresectable, primary hepatocellular carcinoma. ;
- 2.0 Chemoembolization for hepatic tumors is considered experimental and investigational, and therefore is not medically necessary for all other indications .
- 3.0 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:
 - 3.1 Unresectable metastatic liver tumors from neuroendocrine tumors;
 - 3.2 Unresectable primary hepatocellular carcinoma (HCC);
 - 3.3 Unresectable metastatic liver tumors from primary colorectal cancer;
 - 3.4 Unresectable primary intrahepatic cholangiocarcinoma;
 - 3.5 Unresectable primary hepatocellular carcinoma as a bridge to liver transplantation.
 - 3.6 Unresectable metastatic liver tumors from uveal melanoma
- 4.0 Radioembolization for hepatic tumors Intra-Hepatic Microspheres are considered experimental and investigational, and, therefore not medically necessary for any other indication.

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