

**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.**

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**Chemoembolization (CE) for Hepatic Tumors**

**MP9462**

**Covered Service:** Yes

**Prior Authorization  
Required:** No

**Additional  
Information:** None

**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 .

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