

## Transcatheter Arterial Chemoembolization

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
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<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary transcatheter arterial chemoembolization.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children (DHCP) and Diamond State Health Plan Plus members.

**Transcatheter arterial chemoembolization (TACE)** – Is a treatment modality for unresectable hepatic malignancies. Similar to hepatic arterial infusions, this technique exploits the selective blood supply to the neoplastic lesions provided by the hepatic artery. Chemoembolization is performed by introducing a vascular occlusion agent combined with cytotoxic drugs into the hepatic artery, which results in dual ischemic and cytotoxic insult to the tumor.

### PROCEDURES

A prior authorization is not required.

TACE may be considered medically necessary for ANY of the following indications:

- Treatment of hepatocellular cancer or cholangiocarcinoma, that is unresectable but confined to the liver and not associated with portal vein thrombosis; or
- Treatment of liver metastasis in symptomatic individuals with metastatic neuroendocrine tumors whose symptoms persist despite systemic therapy and who are not candidates for surgical resection; or
- Treatment of liver metastasis in individuals with liver-dominant metastatic uveal melanoma; or
- As a bridge to transplant in individuals with hepatocellular cancer where the intent is to prevent further tumor growth and to maintain an individual’s candidacy for liver transplant and ALL the following:
  - Single tumor less than five (5) cm or no more than three (3) tumors less than three (3) cm in size; and
  - Absence of extra hepatic disease or vascular invasion; and
  - Child-Pugh score of either A or B.

**NOTE:** See table below

TACE not meeting the criteria as indicated in this policy is considered experimental/investigational and therefore noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

**POST-PAYMENT AUDIT STATEMENT**

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

**PLACE OF SERVICE: INPATIENT/OUTPATIENT**

Experimental/Investigational (E/I) services are not covered regardless of place of service.

Transcatheter Arterial Chemoembolization is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

**CODING REQUIREMENTS**

CPT code	Description
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural road mapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction.

**COVERED DIAGNOSIS CODES**

Codes						
C22.0	C22.1	C22.2	C22.3	C22.4	C22.7	C22.8
C22.9	C78.7					

**CHILD-PUGH CLASSIFICATION TABLE**

This score employs five clinical measures of chronic liver disease. Each measure is scored 1-3 points, with 3 indicating most severe derangement. Child-Pugh Scoring: A=5-6, B=7-9, C=10-15. It should be noted that different textbooks and publications use different measures. Some older reference works substitute prothrombin time (PT) prolongation for international normalized ratio (INR).

Measure	1 point	2 points	3 points
Hepatic encephalopathy	None	Moderate	Severe
Ascites	None	Moderate	Severe
Serum albumin (g/dL)	Greater than 3.5	2.8-3.5	Less than 2.8
INR	Less than 1.7	1.7-2.20	Greater than 2.20
Serum bilirubin (mg/dL)	Less than 2	2-3	Greater than 3

## REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

### NCCN Guidelines Hepatocellular Carcinoma-2021

The NCCN (v. 1.2021) guidelines on hepatocellular carcinoma list TACE as an option for patients who are not candidates for surgically curative treatments or as a part of a strategy to bridge patients for other curative therapies (category 2A). The guidelines also recommend that patients with tumors size between 3 and 5 cm can be considered for arterially directed therapy or combination therapy with ablation and arterial embolization, and those with unresectable or inoperable tumors greater than 5 cm can be treated using arterial embolic approaches, systemic therapies, or external beam radiation therapy. Additionally, TACE in highly selected patients has been shown to be safe in the presence of limited tumor invasion of the portal vein. The American Association for the Study of Liver Diseases 2018 guidelines on hepatocellular carcinoma suggest using liver-directed therapies (which may include TACE) for bridging to liver transplant in patients with T2 lesions, in order to prevent disease progression and prevent dropouts from the waiting list. The guidelines recommend the use of locoregional therapies, including TACE, in patients with cirrhosis and T2 or T3 disease that is not amenable to resection or transplantation.

### NCCN Guidelines Intrahepatic Cholangiocarcinoma-2020

The NCCN (v. 3.2020) guidelines on intrahepatic cholangiocarcinoma consider arterially directed therapies, including TACE, to be treatment options for unresectable and metastatic intrahepatic cholangiocarcinoma.

### NCCN Guidelines Neuroendocrine Tumors, Carcinoid, and Islet Cell Tumors-2020

The NCCN (v.2.2020) guidelines on neuroendocrine tumors, carcinoid, and islet cell tumors consider chemoembolization as an effective approach for patients with hepatic-predominant metastatic disease (category 2A).

### NCCN Guidelines Uveal Cancer-2021

The NCCN (v.1.2021) guidelines on uveal melanoma state that in patients with disease that is confined to the liver, regional liver-directed therapies such as chemoembolization, radioembolization, or immunoembolization should be considered. The use of TACE is not specifically addressed.

### NCCN Guidelines Colon Cancer-2021

The NCCN (v. 2.2021) guidelines on colon cancer recommend TACE only for clinical trials. The American Society of Clinical Oncology (2020) resource-stratified guidelines on late-stage colorectal cancer state that patients with unresectable liver metastases may receive TACE (weak recommendation). However, this recommendation should only be implemented in centers with expertise in the technique, after multidisciplinary review, or in the context of a clinical trial.

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**POLICY UPDATE HISTORY**

12/21/2021	Approved in Medical Policy Committee
01/2022	Approved in QI/UM
12/28/2022	Annual review, approved in Medical Policy Committee
01/03/2023	Approved in QI/UM