

Corporate Medical Policy

Chemoembolization of the Hepatic Artery, Transcatheter Approach

File Name:	chemoembolization_of_the_hepatic_artery_transcatheter_approach
Origination:	3/1996
Last CAP Review:	5/2011
Next CAP Review:	5/2012
Last Review:	5/2011

Description of Procedure or Service

Transcatheter arterial chemoembolization (TACE) was developed as an alternative to delivering chemotherapy to the patient's entire body to treat resectable and nonresectable tumors of the liver. Chemotherapy and an embolizing agent are delivered directly to the tumor through the hepatic artery. The embolizing agent blocks the blood supply depriving the tumor of oxygen and nutrients while the chemotherapy is administered directly to the tumor in an effort to shrink it. The cancer may be a primary liver cancer (the site where it began) or it may be secondary (a spread from another site).

TACE of the liver is associated with its own potentially life-threatening toxicities and complications, including severe postembolization syndrome, hepatic insufficiency, abscess, or infarction. TACE has been investigated to treat resectable, unresectable, and recurrent hepatocellular carcinoma, and to treat liver metastasis, most commonly from colorectal cancer. Treatment alternatives include resection when possible, chemotherapy administered systemically or by hepatic artery infusion. Hepatic artery infusion involves continuous infusion of chemotherapy with an implanted pump while TACE is administered episodically.

Transcatheter arterial chemoembolization (TACE) involves admission to the hospital for the placement of a catheter into the hepatic artery and a workup to determine eligibility for chemoembolization. The portal vein has to be patent to be sure there will be adequate blood supply to the liver after the procedure. Usually only one lobe of the liver is treated per session. Subsequent embolization is usually scheduled 5 days to 6 weeks later. Chemoembolization can be repeated due to the ability of the embolized vessels to reopen.

*****Please note that this policy does not pertain to Intrahepatic Arterial Chemotherapy or Selective Internal Radiation Therapy for Tumors of the Liver.**

Policy

BCBSNC may provide coverage for Chemoembolization of the Hepatic Artery, Transcatheter Approach when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

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When Chemoembolization of the Hepatic Artery, Transcatheter Approach is covered

Chemoembolization of the hepatic artery, transcatheter approach may be **medically necessary** for the following:

1. Hepatocellular cancer (HCC) that is unresectable but confined to the liver and not associated with portal vein thrombosis; **Or**
2. As a bridge to transplant in patients with hepatocellular cancer where the intent is to prevent further tumor growth and to maintain a patient's candidacy for liver transplant; **Or**
3. Liver metastasis in symptomatic patients with metastatic neuroendocrine tumors whose symptoms persist despite systemic treatment and who are not candidates for surgical resection; **Or**
4. Liver metastasis in patients with liver-dominant metastatic uveal melanoma.

When Chemoembolization of the Hepatic Artery, Transcatheter Approach is not covered

1. For indications other than those listed above.
2. Transcatheter hepatic arterial chemoembolization is considered **investigational**:
 - a. To treat liver metastases from any other tumors or to treat hepatocellular cancer that does not meet criteria noted above including recurrent hepatocellular carcinoma.
 - b. Transcatheter hepatic arterial chemoembolization to treat hepatocellular tumors prior to liver transplantation except as noted above.
 - c. As neoadjuvant or adjuvant therapy in hepatocellular cancer that is considered resectable.

Policy Guidelines

When using transcatheter hepatic arterial chemoembolization as a bridge to transplant to prevent further tumor growth, the following patient characteristics apply:

1. a single tumor less than 5 cm or no more than 3 tumors each less than 3 cm in size, and
2. absence of extrahepatic disease or vascular invasion, and
3. Child-Pugh score of either A or B.

This policy was updated with a literature review conducted in October 2010. The recent studies of TACE for patients with unresectable HCC confined to the liver who meet specific selection criteria (good hepatic function/reserve and no portal vein thrombosis) consistently demonstrate improved survival compared to only supportive care. There is a high level of consistency among recent controlled trials. In addition, the studies show a relatively low complication rate for carefully selected patients in research settings. However, studies are lacking that demonstrate which of the potential treatments (for example, radiofrequency ablation) might be preferred in a given patient.

For patients with metastatic neuroendocrine tumors whose symptoms persist despite systemic therapy and who are not candidates for resection, TACE is one option that can be used for symptomatic treatment.

Uveal (ocular) melanoma is an uncommon malignancy. Unlike most cutaneous melanomas, metastatic uveal melanoma is frequently confined to the liver. The metastatic liver disease may respond to TACE

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treatment and patients who respond to TACE have improved survival.

The literature search did not identify any comparative trials that address the other clinical applications of TACE for those with liver malignancies (primary or metastatic).

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 37204, 75894

Diagnoses that are subject to medical necessity review: 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 155.0, 155.1, 155.2, 197.7, 573.8, 573.9, 625.5

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

TEC - 1/96

BCBSA Medical Policy Reference Manual, 8.01.11, issued 7/31/96.

Consultant Review - 6/98.

Medical Policy Advisory Group 11/98

Medical Policy Advisory Group - 12/99

BCBSA Medical Policy Reference Manual, 8.01.11; 5/31/01

Specialty Matched Consultant Advisory Panel - 6/01

Specialty Matched Consultant Advisory Panel - 6/03

Specialty Matched Consultant Advisory Panel - 4/05

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.11. 4/1/2005

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.11. 4/25/2006

Specialty Matched Consultant Advisory Panel - 4/07

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.11. 2/14/2008

Specialty Matched Consultant Advisory Panel - 4/2009

BCBSA-Medical Policy Reference Manual [Electronic Version]. 8.01.11. 7/2009

Specialty Matched Consultant Advisory Panel- 5/2010

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.11. 10/8/2010

Specialty Matched Consultant Advisory Panel 5/2011

Policy Implementation/Update Information

3/96 Original local policy issued.

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- 11/96 Reaffirm: National Issued policy. No changes.
- 6/98 Reaffirm: Consultant review continues to indicate investigational.
- 6/99 Reformatted, Description of Procedure or Service changed, Medical Term Definitions added.
- 12/99 Medical Policy Advisory Group
- 4/01 System changes.
- 7/01 Policy name changed from Transcatheter Chemoembolization of the Hepatic Artery to Chemoembolization of the Hepatic Artery, Transcatheter Approach
- 8/01 Specialty Matched Consultant Advisory Panel, 6/2001. Revised the policy statement for investigational status and added statement to policy guidelines.
- 6/03 Specialty Matched Consultant Advisory Panel review. No criteria changes.
- 11/11/04 CPT codes 75896 and 75898 were removed as they do not apply to this policy. Policy remains unchanged. Chemoembolization of the hepatic artery, transcatheter approach is considered investigational. Listed codes will be reviewed. Updated format of Benefit Application and Billing/Coding sections for consistency. Notification given 11/11/2004. Effective date 1/20/2005.
- 05/05/05 Specialty Matched Consultant Advisory Panel review 4/14/05. No changes to criteria. Information added in the "Description of Procedure or Service" indicating *****Please note that this policy does not pertain to Intrahepatic Arterial Chemotherapy or Selective Internal Radiation Therapy for Tumors of the Liver.**" Policy guidelines added. References added.
- 6/2/05 Updated References.
- 5/21/07 Specialty Matched Consultant Advisory Panel review 4/25/2007. Revised "Description" section. Changed "Policy" to state that "BCBSNC may provide coverage for Chemoembolization of the Hepatic Artery, Transcatheter Approach when it is determined to be medically necessary because the medical criteria and guidelines shown below are met." Added criteria to the "When covered" section to indicate: "Chemoembolization of the hepatic artery, transcatheter approach may be medically necessary for the following: 1. For unresectable primary hepatocellular cancers (HCC); or 2. Prior to liver transplantation for hepatocellular cancer (HCC); or 3. For palliative treatment of functional neuroendocrine cancers that are symptomatic and involve the liver, such as: 3a. carcinoid tumors that have failed systemic therapy to control the carcinoid syndrome. Symptoms of carcinoid syndrome are debilitating wheezing, diarrhea, and flushing. 3b. pancreatic endocrine tumors that involve the liver." Added the following to the "When not covered" section; "1. For indications other than those listed above. 2. Transcatheter hepatic arterial chemoembolization is considered investigational for palliative treatment of liver metastases from other non-endocrine primaries such as colon cancer, melanoma, and unknown primaries." Updated rationale in the "Policy Guidelines" section. References added.
- 7/28/08 Updated the "When Covered" section to allow additional indications; "1. Hepatocellular cancer (HCC) that is unresectable but confined to the liver and not associated with portal vein thrombosis; or 2. As a bridge to transplant in patients with hepatocellular cancer where the intent is to prevent further tumor growth and to maintain a patient's candidacy for liver transplantation; or 3. Liver metastasis in symptomatic patients with metastatic neuroendocrine tumors whose symptoms persist despite systemic treatment and who are not candidates for surgical resection; or 4. Liver metastasis in patients with liver-dominant metastatic uveal melanoma." Updated the "When Not Covered" section to remove new allowed indications. Updated the "Policy Guidelines" section to indicate; "When using transcatheter hepatic arterial chemoembolization as a bridge to transplant to prevent further tumor growth, the following patient characteristics apply: 1. A single tumor less than 5 cm or no more than 3 tumors each less than 3 cm in size, and 2. Absence of extrahepatic disease or vascular

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- invasion, and 3.Child-Pugh score of either A or B." References added.
- 5/18/09 Revised Description section for clarity. Updated Policy Guidelines section. Specialty Matched Consultant Advisory Panel review 4/21/09. No change to policy statement. (btw)
- 6/22/10 Specialty Matched Consultant Advisory Panel review 5/24/10. No policy statement changes.(lr)
- 10/26/10 Added diagnoses codes to the "Billing/Coding" section. (lpr)
- 6/7/11 Under "Not Covered" section: added policy statement "As neoadjuvant or adjuvant therapy in hepatocellular cancer that is considered resectable" is investigational. Specialty Matched Consultant Advisory panel review 5/25/2011. References added. (lpr)
- 11/22/11 Corrected coding format for diagnoses in the "Billing/Coding" section. (btw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.