

**Policy terminated because Medicaid covers codes in the same manner as
Health Choice.**

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1.0 Description of the Procedure, Product, or Service

Transcatheter arterial chemoembolization (TACE) was developed as an alternative to delivering chemotherapy to the recipient'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.

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.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Chemoembolization of the Hepatic Artery, Transcatheter Approach may be considered medically necessary when the criteria and guidelines below are met.

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

- a. Hepatocellular cancer (HCC) that is unresectable but confined to the liver and not associated with portal vein thrombosis; or
- b. As a bridge to transplant in recipients with HCC where the intent is to prevent further tumor growth and to maintain a recipient's candidacy for liver transplant;
- c. Liver metastasis in symptomatic recipients with metastatic neuroendocrine tumors whose symptoms persist despite systemic treatment and who are not candidates for surgical resection; or
- d. Liver metastasis in recipients with liver-dominant metastatic uveal melanoma.

3.3 Policy Guidelines

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

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

This policy was updated with a literature review conducted in January 2008. 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 given patients.

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 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).

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Chemoembolization of the hepatic artery, transcatheter approach is not covered in the following situations:

- a. For indications other than those listed in **Subsection 3.2**.
- b. Transcatheter hepatic arterial chemoembolization is considered investigational to treat liver metastases from any other tumors or to treat HCC that does not meet criteria noted above including recurrent HCC.
- c. Transcatheter hepatic arterial chemoembolization is considered investigational to treat hepatocellular tumors prior to liver transplantation except as noted in **Subsection 3.2**.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for chemoembolization of the hepatic artery, transcatheter approach.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
February 29, 2012	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

CPT Codes
37204
75894

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital and Outpatient Hospital

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.