

# RMHP Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors

**MCG Health**  
Ambulatory Care  
27th Edition

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## Description

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The preferred treatment for liver tumors is surgical excision. However, many liver tumors are inoperable because they are located too close to blood vessels or other critical structures or are too advanced, thus making surgery potentially unsafe and inadvisable. For inoperable liver tumors, physicians may recommend palliative treatments to reduce pain and improve quality of life.

Transarterial radioembolization (TARE) with yttrium-90 (90Y) is a technique that targets multiple sites of disease within the liver through high doses of ionizing radiation directly to the tumor while minimizing radiation exposure of the normal liver tissue (Hayes, 2020).

Radioactive yttrium-90 (90Y) microspheres offer selective internal radiation therapy (SIRT) [also referred to as transarterial radioembolization (TARE), radioembolization, or brachytherapy] for secondary tumors of the liver. A trained specialist injects radioactive microspheres into hepatic arteries that supply blood to tumor(s). The goal of the procedure is to irradiate and destroy the tumor(s) while sparing normal liver tissue. (Hayes, 2020).

## Clinical Indications for Procedure

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- For **ALL RMHP Plans**, transarterial radioembolization (TARE) using yttrium-90 (90Y) microspheres is proven and medically necessary when **ALL** of the following
  - When used for the following indications: **1 or more** of the following
    - Primary hepatocellular carcinoma (HCC) that is unresectable and limited to the liver
    - Primary hepatocellular carcinoma as a bridge to liver transplantation
    - Unresectable liver metastases from neuroendocrine tumors when systemic therapy has failed to control symptoms

- Unresectable liver metastases from colorectal carcinoma in individuals with Limited Extra-Hepatic Disease who are refractory to or relapsed following systemic chemotherapy
- Unresectable intrahepatic cholangiocarcinoma
- When the following criteria are met: **ALL** of the following
  - Eastern Cooperative Oncology Group (ECOG) performance status of 0,1, or 2: **1 or more** of the following
    - 0: Fully active, able to carry on all pre-disease performance without restriction
    - 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
    - 2: Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours

## Policy History

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RMHP original retired to adopt UHC criteria on 7/10/2023.

## References

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UnitedHealthcare Community Plan Medical Policy, Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors, Policy Number: CS060.L, Effective Date: January 1, 2023

UnitedHealthcare Commercial and Individual Exchange Medical Policy, Implantable Beta-Emitting Microspheres for Treatment of Malignant Tumors, Policy Number: 2023T0445U, Effective Date: April 1, 2023.

No LCD, LCA, NCD found on 6/13/2023 search. Note: This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

## Codes

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