Sentara Health Plans

Medicaid

Transarterial Embolization Direct Therapies (TAE, TACE and DEB-TACE), Medical 139

Table of Content

Effective Date	12/2008
Next Review Date	1/2026
Coverage Policy	Medical 139
Version	7

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Transarterial Embolization therapies include TAE, TACE and DEB-TACE. These involve the insertion of a catheter directly in the artery and use of agents to inhibit and block the blood flow supplying the tumor. This can be done with or without, chemotherapy, drug-eluting beads or RE microspheres.

Criteria:

Transarterial Embolization Direct Therapies (TAE, TACE and DEB-TACE) are considered medically necessary for **1 or more** of the following indications

- Neuroendocrine tumors for individuals with **1 more** of the following:
  - Neuroendocrine tumors (carcinoid tumors, pancreatic tumors) with hepatic metastases when systemic therapy has failed to control symptoms such as carcinoid syndrome (debilitating flushing, wheezing, and diarrhea)
  - Symptoms from non-carcinoid neuroendocrine tumors with hepatic metastases (hypoglycemia, severe diabetes, Zollinger-Ellison Syndrome)
  - Symptoms due to hepatic tumor bulk (pain)
- Hepatocellular Carcinoma or Bridge to Liver Transplantation for individuals for **1 more** of the following**:**
  - As primary treatment for surgically unresectable primary hepatocellular carcinoma (HCC)
  - As a palliative treatment for unresectable hepatocellular carcinoma when there are significant symptoms (e.g., pain) related to tumor bulk
  - As a bridge to liver transplantation
- Metastatic Disease of the Liver for individuals for **1 more** of the following:

- Palliative treatment for symptoms from metastatic disease of the liver related to tumor bulk (pain)
- Treatment for liver-only metastasis from uveal melanoma

Transarterial Chemo Embolization (TACE), Transarterial Embolization (TAE) and Drug-Eluting Beads Transarterial Chemotherapy Embolization (DEB-TACE) is considered **not medically necessary** for any of the following **contraindications**:

- Ascites
- Aspartate aminotransferase >100 unit/L
- Cardiac or renal insufficiency
- Lactate dehydrogenase >425 unit/L
- Leiomyosarcoma
- Recent variceal bleed
- Serum bilirubin >2 mg/dL
- Significant thrombocytopenia
- Tumor burden involving >50 percent of the liver

Transarterial Chemo Embolization (TACE), Transarterial Embolization (TAE) and Drug-Eluting Beads Transarterial Chemotherapy Embolization (DEB-TACE) is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Biliary obstruction
- Breast cancer
- Cervical cancer
- Colon cancer
- Down staging therapy to reduce tumor burden for liver cancer
- Encephalopathy
- Liver metastases from other non-neuroendocrine primaries (e.g., colon cancer, melanoma, or unknown primaries)
- Palliative treatment of either primary or secondary malignant disease of the liver that is not associated with a specific liver-related symptom
- Portal vein thrombosis
- Rhabdomyosarcoma
- Unknown primary tumors

Document History:

Revised Dates:

- 2022: February, April
- 2020: January
- 2015: April, November
- 2014: June
- 2013: January, August
- 2012: August
- 2010: December
- 2009: December

Reviewed Dates:

- 2025: January – no changes references updated
- 2024: January
- 2023: January
- 2021: February
- 2020: February
- 2018: December
- 2017: December
- 2016: June
- 2011: October

- 2010: November

Effective Date:
- December 2008

Coding:

Medically necessary with criteria:

Coding	Description
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products:
  - Policy is applicable to Sentara Health Plan Virginia Medicaid products.
- Authorization requirements:
  - Pre-certification by the Plan is required.
- Special Notes:
  - Medicaid

- This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
- Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(LCD) Implantable Infusion Pump L33461. (2024, 3). Retrieved 1 2025, from CMS Local Coverage Determination (LCD): https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33461&ver=64&bc=0

(2024). Retrieved 1 2025, from UpToDate: https://www.uptodate.com/contents/search?search=Transarterial&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&autoComplete=false

(2024). Retrieved 1 2025, from National Comprehensive Cancer Network NCCN: https://www.nccn.org/guidelines/category_1

28th Edition. (2025). Retrieved 1 2025, from MCG: https://careweb.careguidelines.com/ed28/index.html

(2025). Retrieved 1 2025, from DMAS: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library

(2025). Retrieved 1 2025, from Hayes: https://evidence.hayesinc.com/report/earb.vascular5967

Embolization Therapy. (2024). Retrieved 1 2025, from American Cancer Society: https://www.cancer.org/search.html?q=Embolization+Therapy

NCD Therapeutic Embolization (20.28). (2025). Retrieved 1 2025, from CMS: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=52&ncdver=1&bc=0

Keywords:

SHP Transarterial Chemo Embolization and Transarterial Embolization, TACE, SHP Medical 139, Neuroendocrine tumors, palliative care, Hepatocellular Carcinoma, Bridge to Liver Transplantation, Metastatic Disease, Liver, unresectable hepatocellular carcinoma, transarterial chemoembolization, Arterial chemotherapy infusion, Transcatheter arterial chemoembolization, transarterial (chemo) embolization, Transarterial Embolization, TAE,