

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

### Table of Content

[Description & Definitions](#)[Criteria](#)[Document History](#)[Coding](#)[Special Notes](#)[References](#)[Keywords](#)[Effective Date](#) 12/2008[Next Review Date](#) 1/2026[Coverage Policy](#) Medical 139[Version](#) 7

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [\\*](#).**

### 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) are considered **not medically necessary** for 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) are considered **not medically necessary** for any of the following:

- 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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

## 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 Commercial products.
- Authorization requirements:
  - Pre-certification by the Plan is required.
- Special Notes:
  - Commercial

- 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.
- Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

## References:

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](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](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