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# SHP Intra-arterial (IA) Chemotherapy

AUTH: SHP Medical 254 v3 (AC)

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**MCG Health**  
Ambulatory  
Care  
26th Edition

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## Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

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## Application to Products

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Policy is applicable to all products.

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## Authorization Requirements

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Pre-certification by the Plan is required.

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## Description of Item or Service

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Intra-arterial chemotherapy is a localized treatment for cancer. A cannula is inserted directly into the artery that specifically supplies a chemotherapeutic agent directly to the tumor.

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## Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of Intra-arterial (IA) Chemotherapy for uses other than those listed in the clinical indications for procedure section.

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## Clinical Indications for Procedure

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- Intra-arterial (IA) Chemotherapy is considered medically necessary for **1 or more** of the following:
  - Individual with retinoblastoma

- Individual with liver cancer and **1 or more** of the following
  - Primary liver cancer (Hepatocellular and cholangiocarcinoma)
  - Metastatic colorectal cancer where metastasis are limited to the liver and are unresectable

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## Document History

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- Revised Dates:
  - 2022: February
  - 2020: January, February
  - 2015: April, November
  - 2014: June
  - 2013: January, August
  - 2012: August
  - 2010: December
  - 2009: December
- Reviewed Dates:
  - 2023: February
  - 2018: December
  - 2017: December
  - 2016: June
  - 2011: October
  - 2010: November
- Effective Date: December 2008

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## Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
  - CPT 36260 - Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
  - CPT 61650 - Endovascular intracranial prolonged administration of pharmacologic agent (s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory
  - CPT 96422 - Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour
  - CPT 96423 - Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)
  - CPT 96425 - Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - None

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## References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Hepatic Arterial Infusion Chemotherapy for Large Hepatocellular Carcinoma. (2022). Retrieved Nov 30, 2022, from American Society of Clinical Oncology (ASCO):  
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Hepatobiliary Cancers. (2022, Oct 14). Retrieved Nov 30, 2022, from National Comprehensive Cancer Network: [https://www.nccn.org/professionals/physician\\_gls/pdf/hepatobiliary.pdf](https://www.nccn.org/professionals/physician_gls/pdf/hepatobiliary.pdf)

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Local Coverage Determination (LCD) Implantable Infusion Pump L33461. (2021, Jul 15). Retrieved Nov 30, 2022, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33461&ver=59>

Localized hepatocellular carcinoma: Liver-directed therapies for nonsurgical candidates not eligible for local thermal ablation. (2021, Nov 29). Retrieved Nov 30, 2022, from UpToDate:  
[https://www.uptodate.com/contents/localized-hepatocellular-carcinoma-liver-directed-therapies-for-nonsurgical-candidates-not-eligible-for-local-thermal-ablation?search=Intra-arterial%20chemotherapy&source=search\\_result&selectedTitle=1~64&usage\\_type=default](https://www.uptodate.com/contents/localized-hepatocellular-carcinoma-liver-directed-therapies-for-nonsurgical-candidates-not-eligible-for-local-thermal-ablation?search=Intra-arterial%20chemotherapy&source=search_result&selectedTitle=1~64&usage_type=default)

Retinoblastoma Treatment (PDQ®)—Health Professional Version. (2022). Retrieved Nov 30, 2022, from National Cancer Institute:  
<http://www.cancer.gov/cancertopics/pdq/treatment/retinoblastoma/healthprofessional>

Retinoblastoma: Treatment and outcome. (202, May 31). Retrieved Nov 30, 2022, from UpToDate 3:  
[https://www.uptodate.com/contents/retinoblastoma-treatment-and-outcome?search=Intra-arterial%20chemotherapy&source=search\\_result&selectedTitle=10~64&usage\\_type=default&display\\_rank=10](https://www.uptodate.com/contents/retinoblastoma-treatment-and-outcome?search=Intra-arterial%20chemotherapy&source=search_result&selectedTitle=10~64&usage_type=default&display_rank=10)

Treatment options for locally advanced, unresectable, but nonmetastatic cholangiocarcinoma. (2022, Jul 17). Retrieved Nov 29, 2022, from UpToDate 2: [https://www.uptodate.com/contents/treatment-options-for-locally-advanced-unresectable-but-nonmetastatic-cholangiocarcinoma?search=Intra-arterial%20chemotherapy&source=search\\_result&selectedTitle=4~64&usage\\_type=default&display\\_rank=4#](https://www.uptodate.com/contents/treatment-options-for-locally-advanced-unresectable-but-nonmetastatic-cholangiocarcinoma?search=Intra-arterial%20chemotherapy&source=search_result&selectedTitle=4~64&usage_type=default&display_rank=4#)

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## Codes

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**CPT® : 36260, 61650, 96422, 96423, 96425**

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