

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Radiation Therapy, Selective Internal Microspheres (SIRT)	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/L025	Page: 1 of 5

PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria – requests for intra-hepatic radiation therapy (transarterial radioembolization [TARE]) with yttrium-90 microspheres - Must satisfy any of the following: I - VI

- I. Primary hepatocellular carcinoma (HCC) that is unresectable⁸; or
- II. Unresectable liver metastases from primary colorectal cancer¹²; or
- III. Primary hepatocellular carcinoma (HCC) as a bridge to liver transplantation (ie, meets transplantation guidelines but awaiting donor)⁸; or
- IV. Hepatocellular carcinoma (HCC) *downstaging* (ie, does not meet transplantation guidelines)⁸; or
- V. For treatment of neuroendocrine cancers involving the liver – must satisfy any of the following: A – B
 - A. Carcinoid tumors – after failure of systemic therapy with somatostatin analogues (SSAs) octreotide or lanreotide to control carcinoid syndrome (eg, debilitating flushing, wheezing and diarrhea)⁹; or
 - B. Pancreatic endocrine tumors with liver-prominent disease¹¹.
- VI. Unresectable intrahepatic cholangiocarcinoma.¹⁰

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

DEFINITIONS:Downstaging:

Decreasing the size, extent of metastases, and/or lymph node involvement of a tumor by means of therapy

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BACKGROUND:

Selective Internal Radiation Therapy (SIRT), also known as radioembolization, is a procedure in which tiny radiation filled beads, called microspheres, are delivered directly to the tumor. The microspheres are delivered through a catheter placed in the femoral artery and threaded through the hepatic artery to the tumor site. The microspheres contain yttrium-90. Examples of this type of treatment include: SIR-Spheres, and Theraspheres, which are spheres made of glass. May also be known as transhepatic arterial radiation therapy (TARE). See Attachment A.

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Prior Authorization: Yes, per network provider agreement

CODING:

CPT® or HCPCS

S2095 Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres

C2616 Brachytherapy source, nonstranded, yttrium-90, per source (microspheres)

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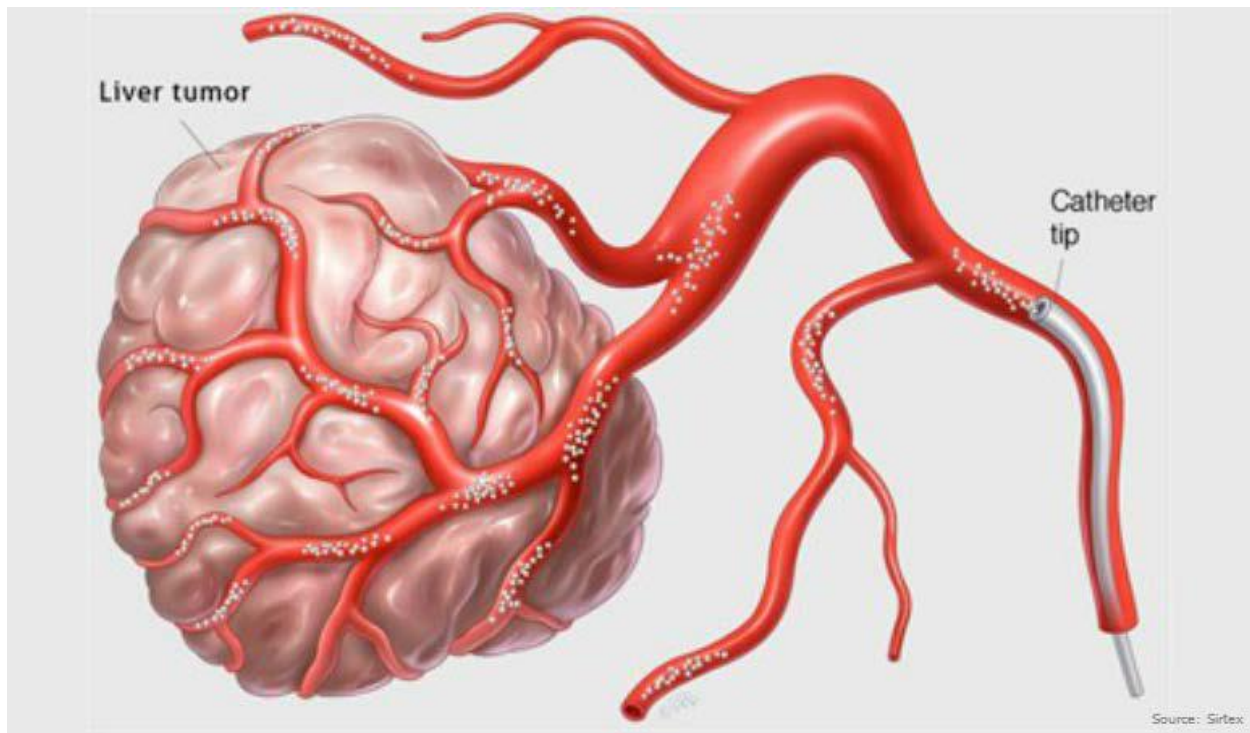
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Attachment A



Retrieved from Sirtex Medical Inc. SIR-Spheres (yttrium-90 microspheres).

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- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

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PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaajiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
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