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DESCRIPTION

Hepatic tumors can arise either as primary liver cancer or by metastasis to the liver from other tissues or organs. At present, surgical resection with tumor-free margins or liver transplantation are the only potentially curative treatments for hepatic cancer. Unfortunately, most hepatic tumors are not amenable to resection or transplantation at diagnosis, due either to their anatomic location, size, the number of lesions, concurrent nonmalignant liver disease, or insufficient hepatic reserve. Various minimally invasive ablative techniques have been investigated that seek to cure or palliate unresectable hepatic tumors by improving loco-regional control. Examples of these techniques include cryosurgical ablation, radiofrequency ablation and chemoembolization.

Selective internal radiation therapy (SIRT), another minimally invasive ablative method, relies on targeted delivery of small beads (microspheres) impregnated with yttrium-90 (90Y). Yttrium-90 is a beta emitter with a short half-life of 64.2 hours (2.67 days) that limits radiation hazard, while providing a clinically appropriate dose of radiotherapy. In SIRT, the radioactive material is directed into the left, right or common hepatic artery via a percutaneous (femoral or gastroduodenal) arterial catheter or a porta-cath. This allows the delivery of a concentrated dosage of radiation directly into the tumor bed, while conserving the normal liver tissue that surrounds the tumor. The size of the microspheres actually causes them to become entrapped within the tumor vasculature and retained within the tumor. The total radioactivity required by a patient is dependent on the extent and presentation of the tumor tissue. SIRT can usually be performed in an outpatient setting, as there is no radiation exposure to others once the microspheres have been infused.

SIRT has been investigated as a promising new technique due to several factors: 1) the liver parenchyma is sensitive to radiation; 2) the hepatic circulation is uniquely organized, whereby the normal liver derives 75% of its blood supply from the portal vein and malignant tumors in the liver derive nearly 100% of their blood supply from the hepatic artery; and 3) 90Y is a pure beta emitter with a relatively limited effective range and short half-life that helps focus the radiation and minimize its spread.

RATIONALE

There are currently 2 types of Yttrium microspheres (glass and resin) that have been approved by the U.S. Food and Drug Administration (FDA): TheraSpheres® (Theragenics; Atlanta, GA) and SIR-Spheres® (Sirtex Medical Limited; Lake Forest, IL). The U.S. Food and Drug Administration (FDA) granted premarket approval of SIR-Spheres® in 2002 for use in combination with 5-fluorouridine (5-FUDR) chemotherapy by HAI to treat unresectable hepatic metastases from colorectal cancer. In contrast, TheraSpheres® were approved by humanitarian device exemption (HDE) in 1999 for use as monotherapy to treat unresectable HCC. In January 2007, the HDE for TheraSpheres® was expanded to include patients with hepatocellular carcinoma who have partial or branch portal vein thrombosis.

HCC:
Studies have demonstrated that SIRT/radioembolization is comparable to chemoembolization (which is considered to be therapy of choice) for patients with unresectable HCC in terms of tumor response and overall survival (e.g., Kulil, et al. 2008; Salem, et al, 2010; Carr, et al. 2010; Hilgard, et al. 2010; Edeline, et al. 2016; Ettore, et al. 2017). Disadvantages of chemoembolization include the necessity of multiple treatment sessions and hospitalization, its contraindication in patients with portal vein thrombosis, and its poorer tolerance by patients.

Neuroendocrine:
While studies investigating SIRT for neuroendocrine tumors have limitations such as heterogeneous patient populations, studies do report relief of symptoms from carcinoid syndrome in a proportion of patients. Surgical debulking of liver metastases has shown palliation of hormonal symptoms; debulking by radioembolization may lead to symptom relief in some patients (e.g., Sato, et al. 2008; Kennedy, et al. 2009; Cao, et al. 2010; Cramer, et al. 2016). Disadvantages of chemoembolization include the necessity of multiple treatment sessions and hospitalization, its contraindication in patients with portal vein thrombosis, and its poorer tolerance by patients.

Metastatic colorectal cancer:
A major cause of morbidity and mortality in patients with colorectal disease metastatic to the liver is liver failure, as this disease tends to progress to diffuse, liver-dominant involvement. Therefore, the use of SIRT/radioembolization to decrease tumor bulk and/or halt the time to tumor progression and liver failure, may lead to prolonged progression free and overall survival in patients with no other treatment options (e.g., those with chemotherapy refractory liver-dominant...
Medical Policy: SELECTIVE INTERNAL RADIATION THERAPY (SIRT) FOR HEPATIC TUMORS
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Miscellaneous:
There is insufficient evidence to support the use of SIRT for liver metastases from other sites such as breast, pancreatic and cholangiocarcinoma. The outcome data from literature are inadequate at this time to draw positive conclusions related to the safety and efficacy of SIRT for these patient populations (e.g., Atassi, et al. 2008, Jakobs, et al. 2008, Saxena, et al. 2010, Cianni, et al. 2013).

CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.
- CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>No CPT codes specific to SIRT, but the following could be used:</td>
<td></td>
</tr>
<tr>
<td>37243</td>
<td>Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, innterprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infraction</td>
</tr>
<tr>
<td>75894</td>
<td>Transcatheter therapy, embolization, any method, radiological supervision and interpretation</td>
</tr>
<tr>
<td>79445</td>
<td>Radiopharmaceutical therapy, by intra-arterial particulate administration</td>
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HCPCS Codes

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>C2616</td>
<td>Brachytherapy source, nonstranded, yttrium-90, per source</td>
</tr>
<tr>
<td>S2095</td>
<td>Transcatheter occlusion or embolization for tumor obstruction, percutaneous, any method, using yttrium-90 microspheres</td>
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ICD10 Codes

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>C18.0</td>
<td>Malignant neoplasm of cecum</td>
</tr>
<tr>
<td>C18.1</td>
<td>Malignant neoplasm of appendix</td>
</tr>
<tr>
<td>C18.2</td>
<td>Malignant neoplasm of ascending colon</td>
</tr>
<tr>
<td>C18.3</td>
<td>Malignant neoplasm of hepatic flexure</td>
</tr>
<tr>
<td>C18.4</td>
<td>Malignant neoplasm of transverse colon</td>
</tr>
<tr>
<td>C18.5</td>
<td>Malignant neoplasm of splenic flexure</td>
</tr>
<tr>
<td>C18.6</td>
<td>Malignant neoplasm of descending colon</td>
</tr>
<tr>
<td>C18.7</td>
<td>Malignant neoplasm of sigmoid colon</td>
</tr>
<tr>
<td>C18.8</td>
<td>Malignant neoplasm of overlapping sites of colon</td>
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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>C18.9</td>
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<tr>
<td>C22.0</td>
<td>Liver cell carcinoma</td>
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<tr>
<td>C22.1</td>
<td>Intrahepatic bile duct carcinoma</td>
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<tr>
<td>C22.2</td>
<td>Hepatoblastoma</td>
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<tr>
<td>C22.3</td>
<td>Angiosarcoma of liver</td>
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<tr>
<td>C22.4</td>
<td>Other sarcomas of liver</td>
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<tr>
<td>C22.7</td>
<td>Other specified carcinomas of liver</td>
</tr>
<tr>
<td>C22.8</td>
<td>Malignant neoplasm of liver, primary, unspecified as to type</td>
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<tr>
<td>C22.9</td>
<td>Malignant neoplasm of liver, not specified as primary or secondary</td>
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<tr>
<td>C78.7</td>
<td>Secondary malignant neoplasm of liver and intrahepatic bile duct</td>
</tr>
</tbody>
</table>

**REFERENCES**


Proprietary Information of Excellus Health Plan, Inc.


*Key Article

KEY WORDS
Radioembolization, Sir-Spheres, Theraspheres, Transarterial Radioembolization (TARE)

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, there is no specific national or regional coverage determination for selective internal radiation therapy.