Subject: Selective Internal Radiation Therapy (SIRT)*

Effective Date: April 28, 2009

Department(s): Utilization Management

Policy: Selective Internal Radiation Therapy (SIRT) with $^{90}$yttrium-containing resin spheres is reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to delineate circumstances under which a specific therapeutic intervention is to be authorized.

Procedure:

1. Diagnoses for which SIRT is reimbursable are following liver malignancies when unresectable or medically inoperable and life expectancy is at least three months, with Eastern Cooperative Oncology Group (ECOG) performance status no greater than 2 or Karnosky Performance Scale (KPS) of 70 or more:
   
   1. Primary hepatocellular carcinoma (ICD-9 155.0, ICD-10 C22.0)
   2. Metastatic hepatic lesions arising from colorectal cancer (ICD-9 197.7, ICD-10-C78.7)
   3. Metastatic hepatic only or hepatic predominant lesions arising from neuroendocrine tumors (carcinoid, islet cell, pancreatic endocrine - ICD-9 197.7, ICD-10 C78.7)
   4. Unresectable intrahepatic cholangiocarcinoma (ICD 9-155.1, ICD-10 C22.1)

2. SIRT is not reimbursable for any other indication

3. Repeat SIRT is reimbursable for new or progressive, primary or metastatic liver cancers as outlined in A above when all of the following are present:
a. A previous satisfactory response to SIRT as indicated by CT or PET-CT imaging performed 3 months after the previous procedure.

b. The disease is still liver predominant.
c. Life expectancy of at least three months.
d. ECOG performance status no greater than 2 or KPS of 70 or more
e. There are no other effective systemic or liver-directed treatment options.
f. Treatment will be to a targeted tumor volume (e.g. not whole liver).

Note-repeat whole liver SIRT is not reimbursable as it is considered experimental, investigational, or unproven.

Note- SIRT is provided only in the outpatient setting unless the documentation supports the medical necessity of inpatient treatment.

4. **CPT** codes applicable to SIRT are:
   1. **C2616** (for the $^{90}$yttrium-containing resin spheres)
   2. **S2095** (for the deployment of the spheres)

References


Welsh JS, Kennedy AS, Thomadsen B. Selective Internal Radiation Therapy (SIRT) for liver metastases secondary to colorectal adenocarcinoma. *Int J Radiat Oncol Biol Phys* 2006;66(2Suppl):S62-S73 (Jan)

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*