

Medical Necessity Guidelines: Hyperthermic Intraperitoneal Chemotherapy (HIPEC)

Effective: October 21, 2020

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<p>Applies to: COMMERCIAL Products <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 • CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization</p> <p>TUFTS HEALTH PUBLIC PLANS Products <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404 <input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304 *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p>SENIOR Products • Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List • Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List</p>	

OVERVIEW

Hyperthermic Intraperitoneal Chemotherapy (HIPEC) is used as an adjunct to surgery for the treatment of some cancers that have metastasized within the peritoneal cavity. HIPEC is delivered into the peritoneal space once the cytoreductive surgical procedure is completed. The goal of HIPEC is to enhance the cytotoxic effect of chemotherapeutic drugs, thereby eliminating micrometastases and disseminated tumor cells remaining in the peritoneal space. The chemotherapeutic agents employed in HIPEC need to have a cell cycle nonspecific mechanism of action and should ideally show a heat-synergistic cytotoxic effect. Specific technical training and a solid knowledge of regional chemotherapy management are required. Treatment-related toxicity is a risk and should be considered during patient selection process.

CLINICAL COVERAGE CRITERIA

PRIOR AUTHORIZATION IS NOT REQUIRED: Providers will not routinely be required to submit documentation to Tufts Health Plan prior to providing services. However, documentation may be requested at any time to confirm that the services provided meet current standards referenced below:

Tufts Health Plan covers Hyperthermic Intraperitoneal Chemotherapy (HIPEC) when used as an adjunct to cytoreductive surgery for the following medical conditions:

- Pseudomyxoma peritonei
- Diffuse malignant peritoneal mesothelioma
- Prophylactic use of hyperthermic intraperitoneal chemotherapy (HIPEC) in patients with peritoneal carcinomatosis resulting from gastric or ovarian cancer, without macroscopic peritoneal metastases or distant metastases, who do not have a medical condition that precludes major surgery.

LIMITATIONS

- Tufts Health Plan considers cytoreductive surgery and perioperative intraperitoneal chemotherapy for all other indications unproven and investigational.

CODES

Table 1: CPT Code(s)

CPT/HCPCS Code	Description
77605	Hyperthermia, externally generated; deep (i.e., heating to depths greater than 4 cm)
77620	Hyperthermia generated by intracavitary probe(s)
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter
96549	Unlisted chemotherapy procedure

Table 2: ICD-10-CM Diagnosis code(s)

ICD-10 Code	Description
C18.1	Malignant neoplasm of appendix
C45.1	Mesothelioma of peritoneum (malignant)
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum

REFERENCES

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3. Yan TD, Deraco M, Baratti D, et al. Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy for malignant peritoneal mesothelioma: multi-institutional experience. *J Clin Oncol*. 2009 Dec 20;27(36):6237-42.
4. Chin J. Peritonectomy HIPEC—contemporary results, indications. *Cancer Res*. 2013 Aug; 25(4): 373–374. doi: 10.3978/j.issn.1000-9604.2013.07.03 PMID: PMC3752351
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6. González-Moreno S, González-Bayón LA, Ortega-Pérez G. Hyperthermic intraperitoneal chemotherapy: Rationale and technique. *World J Gastrointest Oncol*. 2010 Feb 15; 2(2): 68–75.
7. Hayes Inc. Hayes Medical Technology Directory. Intraperitoneal Hyperthermic Chemotherapy for Peritoneal Carcinomatosis Resulting from Gastric Cancer. April 4, 2009, 2014. Lansdale, PA: Hayes, Inc. Updated May 7, 2013.
8. Hayes Inc. Hayes Medical Technology Directory. Intraperitoneal Hyperthermic Chemotherapy for Peritoneal Carcinomatosis Resulting from Cancers of the Lower Gastrointestinal Tract. May 13, 2009, 2014. Lansdale, PA: Hayes, Inc.; Updated January 30, 2013.
9. Hayes Inc. Hayes Medical Technology Directory. Intraperitoneal Hyperthermic Chemotherapy for Peritoneal Carcinomatosis Resulting from Ovarian Cancer, Peritoneal Mesothelioma, or Abdominal Sarcoma. February 4, 2013. Lansdale, PA: Hayes, Inc.; Updated January 30, 2013.
10. Hayes, Inc. Health Technology Assessment. Hyperthermic Intraperitoneal Chemotherapy for Peritoneal Carcinomatosis Resulting from Ovarian Cancer. August 26, 2019. Available at hayesinc.com. Last accessed October 29, 2019.

APPROVAL HISTORY

July 23, 2015: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC) for an effective date of January 1, 2016.

Subsequent endorsement date(s) and changes made:

- March 25, 2016: Coding updated; ICD-9-CM codes and ICD-9 Inpatient Procedure codes removed.
- November 9, 2016: Reviewed by IMPAC, renewed without changes

- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- October 1, 2017: Coding updated.
- December 13, 2017: Reviewed by IMPAC, renewed without changes
- October 10, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- October 16, 2019: Reviewed by IMPAC, renewed without changes
- November 20, 2019: Reviewed by IMPAC, update to clinical coverage criteria to include coverage for peritoneal carcinomatosis resulting from ovarian cancer
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 4, 2020: Fax number for Unify updated

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

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