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## Subject: Hyperthermic Intraperitoneal Chemotherapy (HIPEC)

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

<a href="#">Position Statement</a>	<a href="#">Billing/Coding</a>	<a href="#">Reimbursement</a>	<a href="#">Program Exceptions</a>	<a href="#">Definitions</a>	<a href="#">Related Guidelines</a>
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### DESCRIPTION:

Heated or hyperthermic intraperitoneal chemotherapy (HIPEC), also referred to as intraperitoneal hyperthermic chemotherapy (IPHC), is a procedure used to treat advanced abdominal cancers. HIPEC is performed during a surgical procedure to remove an abdominal tumor. Once the tumor has been removed (“cytoreduction”), a heated chemotherapy solution is circulated throughout the abdomen. Inflow and outflow catheters are placed in the abdominal cavity, along with temperature probes to monitor temperature. The skin is then temporarily closed during the chemotherapy perfusion, which typically runs for 1 to 2 hours.

HIPEC is proposed to treat various abdominal cancers spreading to peritoneal lining like pseudomyxoma peritonei, mucinous adenocarcinoma of appendix, mesothelioma, colorectal cancers, ovarian cancer, and gastric cancer. However, the efficacy of HIPEC is not proven for all indications.

### POSITION STATEMENT:

**NOTE:** This guideline addresses only hyperthermic intraperitoneal chemotherapy. Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis (96446), without hyperthermia, **meets the definition of medical necessity** for the treatment of all primary and secondary peritoneal carcinoma.

Hyperthermic intraperitoneal chemotherapy (HIPEC) **meets the definition of medical necessity** when administered in conjunction with cytoreductive surgery for the treatment of the following diagnoses:

- Pseudomyxoma peritonei, **OR**

- Diffuse malignant peritoneal mesothelioma

Hyperthermic intraperitoneal chemotherapy (HIPEC) (96547, 96548) **meets the definition of medical necessity** in newly diagnosed epithelial ovarian or fallopian tube cancer at the time of interval cytoreductive surgery (refer to [DEFINITIONS](#) section), when **ALL** of the following criteria are met:

- Stage IIIA or stage IIIB disease (cancer has spread within the abdomen)
- Not eligible for initial cytoreductive surgery, or initial surgery had been performed but was incomplete and will receive neoadjuvant chemotherapy and subsequent interval debulking surgery
- It is expected that complete cytoreduction or optimal cytoreduction can be achieved at time of the interval debulking surgery

Hyperthermic intraperitoneal chemotherapy (HIPEC) in all other settings to treat ovarian cancer or fallopian tube cancer, including but not limited to stage IIIC or stage IV disease, is considered **experimental or investigational**. Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

Hyperthermic intraperitoneal chemotherapy (HIPEC) is considered **experimental and investigational** for all other indications not listed above, including but not limited to peritoneal carcinomatosis arising from colorectal cancer, gastric cancer, or endometrial cancer; and goblet cell tumors of the appendix, due to the lack of peer-reviewed literature and clinical guidelines to establish its effectiveness.

## BILLING/CODING INFORMATION:

### CPT Coding

96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)

### LOINC Codes:

The following information may be required documentation to support medical necessity: Physician history and physical, treatment plan, treatment notes including documentation of symptoms, behavioral or pharmacologic interventions, and prior test stimulation (if applicable).

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or

			fewer before starting date of service for the claim.
Attending physician visit note	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician Initial Assessment	18736-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Perioperative records	29752-3	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

**REIMBURSEMENT INFORMATION:**

Refer to section entitled **POSITION STATEMENT**.

**PROGRAM EXCEPTIONS:**

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

**Medicare Advantage products:** The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Hyperthermia for Treatment of Cancer (110.1) located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

**DEFINITIONS:**

**Cytoreductive surgery:** Surgical removal of as many cancerous tumor cells as possible. Cytoreduction can be complete (no visible disease left), optimal (one or more residual tumors measuring 10mm or less in diameter remaining) or suboptimal (more than 1 centimeter nodules left). Cytoreduction can also be primary (the first part of treatment), interval (after some chemotherapy is given), secondary (for recurrence) or tertiary (after several recurrences).

**Fallopian tube cancer:** Cancer that forms in the tissue lining the fallopian tube. The cancer sometimes begins at the end of the fallopian tube near the ovary and spreads to the ovary. Fallopian tube cancer is similar to ovarian epithelial cancer and is staged and treated the same way.

**Ovarian cancer:** Cancer that forms in tissues of the ovary. Most ovarian cancers are either ovarian epithelial cancers (cancer that begins in the cells on the surface of the ovary), or malignant germ cell tumors (cancer that begins in egg cells).

**Peritoneal mesothelioma:** Malignant peritoneal mesothelioma is a relatively uncommon malignancy that may arise from the mesothelial cells lining the pleura, peritoneum, pericardium, and tunica vaginalis testis.

**Pseudomyxoma peritonei:** Pseudomyxoma peritonei is a rare malignant growth characterized by the progressive accumulation of mucus-secreting (mucinous) tumor cells within the abdomen and pelvis. The disorder develops after a small growth (polyp) located within the appendix bursts through the wall of the appendix, and spreads mucus-producing tumor cells throughout the surrounding surfaces (e.g., the membrane that lines the abdominal cavity [peritoneum]). As mucinous tumor cells accumulate, the abdominal area becomes swollen and digestive (gastrointestinal) function becomes impaired. Synonyms for pseudomyxoma peritonei (according to the National Organization of Rare Disorders) may include:

- Low grade appendiceal mucinous neoplasm (LAMN)
- Colloid carcinoma
- Disseminated peritoneal adenomucinosis (DPAM)
- Malignant appendiceal tumor
- Malignant large bowel cystadenocarcinoma
- Malignant large bowel peritoneal carcinomatosis
- Malignant large bowel tumor
- Mucinous cyst adenocarcinoma
- Mucinous cystadenoma
- Peritoneal carcinomatosis
- Peritoneal mucinous carcinomatosis (PMCA)
- PMP
- Pseudomyxoma ovarii

## RELATED GUIDELINES:

None applicable.

## OTHER:

None applicable.

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### COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 06/27/24.

### GUIDELINE UPDATE INFORMATION:

02/15/10	New Medical Coverage Guideline.
08/01/10	Revised coding information.
09/15/10	Revisions consisting of Position Statement clarification and formatting changes.
10/15/10	Revision; related ICD-10 codes added.
01/01/11	Annual HCPCS coding update: deleted coding reference to 96445; added 96446.
09/15/11	Revision; formatting changes.
02/15/12	Scheduled review; position statement updated to include peritoneal mesothelioma; Billing/Coding section updated; references updated; formatting changes.
05/11/14	Revision: Program Exceptions section updated.
05/15/15	Revision: Position Statement language regarding peritoneal carcinoma revised for clarity.
11/01/15	Revision: ICD-9 Codes deleted.
09/15/16	Scheduled review. Revised description section, investigational indications, and Billing/Coding Information section. Updated references.
10/01/16	Revision: Billing/Coding Information section updated.
02/15/19	Revision: added coverage criteria for newly diagnosed epithelial ovarian or fallopian tube cancer. Revised definitions. Updated references.
10/15/20	Scheduled review. Maintained position statement and updated references.
07/15/22	Scheduled review. Maintained position statement and updated references.
05/22/23	Update to Program Exceptions section.
01/01/24	Annual CPT/HCPCS coding update. Added 96547, 96548.
07/15/24	Scheduled review. Maintained position statement and updated references.