Priority Health

MEDICAL POLICY
No. 91548-R1

INTRAPERITONEAL HYPERTHERMIC CHEMOTHERAPY

Effective Date: February 26, 2015	**Review Dates: 2/08, 2/09, 2/10, 2/11, 2/12, 2/13, 2/14, 2/15, 2/16, 2/17, 2/18, 2/19, 2/20, 2/21, 2/22, 2/23, 2/24, 2/25**
Date Of Origin: January 3, 2008	**Status: Current**

I. POLICY/CRITERIA

1. Intraperitoneal hyperthermic chemotherapy (IPHC) also known as Hyperthermic Intraperitoneal Chemotherapy (HIPEC) may be covered when recommended by the National Comprehensive Cancer Network (NCCN) Guidelines, included but not limited to:
    a. NCCN Guidelines: Colon Cancer
    b. NCCN Guidelines: Gastric Cancer
    c. NCCN Guidelines: Mesothelioma: Peritoneal
    d. NCCN Guidelines: Ovarian Cancer Including Epithelial Ovarian Cancer/Fallopian Tube Cancer/ Primary Peritoneal Cancer
2. Intraperitoneal hyperthermic chemotherapy (IPHC) also known as Hyperthermic Intraperitoneal Chemotherapy (HIPEC) not recommended by NCCN may be covered as part of a clinical trial when the criteria of the Clinical Trials medical policies #91606 or #91448 are met.

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the Priority Health Provider Manual.

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- **HMO/EPO:** ***This policy applies to insured HMO/EPO plans.***
- **POS:** ***This policy applies to insured POS plans.***
- **PPO:** ***This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.***
- **ASO:** ***For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.***

- **INDIVIDUAL:** ***For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.***
- **MEDICARE:** ***Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.***
- **MEDICAID/HEALTHY MICHIGAN PLAN:** ***For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.***

IV. DESCRIPTION

Intraperitoneal hyperthermic chemotherapy (IPHC) is used as an adjunct to surgery such as cytoreductive surgery for the treatment of some cancers that have penetrated or metastasized into the peritoneal cavity. The goal of IPHC is to enhance the cytotoxic effect of chemotherapeutic drugs, thereby killing disseminated tumor cells and reducing the risk of tumor recurrence.

IPHC involves using a heated sterile solution that is circulated throughout the abdominal cavity. A heated chemotherapy solution (3 to 5 L) is circulated in the peritoneal cavity for 30 to 120 minutes using a roller pump and heating circuit (Esquivel, 2009; Glehen et al, 2008). The temperature of the peritoneal infusate is kept between 40 and 43°C. With IPHC treatment, patients are connected to a series of tubes and a pumping device that bathe the abdominal cavity with a heated sterile solution containing anticancer (chemotherapeutic) drugs. The high temperature has been found to increase the drug's effect. The fluid goes through the abdomen to treat tumor cells that may remain after surgery. Both heat and direct contact with chemotherapy drugs kills the cancer cells.

V. CODING INFORMATION

ICD-10 Codes that may apply:

C45.1	Mesothelioma of peritoneum
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum

CPT/HCPCS Codes:

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)

Coding Notes: CPT code 96446 identifies chemotherapy administration into the peritoneal cavity via implanted port or catheter. This procedure does not refer to external application of heat as described by CPT 77605. Heating of the chemotherapy agent for IPHC is not separately payable.

VI. REFERENCES

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