

Cytoreductive Surgery (Tumor Debulking), Surgical 02

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details^{*}.

Description & Definitions:

Cytoreductive surgery also known as debulking, is a surgical procedure to remove and debulk as much of a tumor/cancer as possible.

Hyperthermic intraperitoneal chemotherapy (HIPEC) applies heated medication within the peritoneal cavity during surgery.

Multidisciplinary Tumor Board recommendations aid in the decision making process for treatment.

Criteria:

Cytoreductive surgery with or without Hyperthermic intraperitoneal chemotherapy (HIPEC) is considered medically necessary for **1 or more of the following**:

- Cytoreductive surgery for **1 or more** of the following:
 - An individual with pseudomyxoma peritonei
 - An individual with ovarian cancer, fallopian tube cancer and primary peritoneal cancer
 - An individual with gastrointestinal stromal tumors
 - An individual with peritoneal mesothelioma
- Hyperthermic intraperitoneal chemotherapy (HIPEC) for **1 or more** of the following:
 - An individual with pseudomyxoma peritonei
 - An individual with peritoneal carcinomatosis from colorectal or gastric cancer without distant metastases
 - An individual with malignant peritoneal mesothelioma without extra-abdominal metastases (limited only to abdominal cavity)
 - An individual with Stage III epithelial ovarian cancer

Cytoreductive surgery with or without Hyperthermic intraperitoneal chemotherapy (HIPEC) is considered **not medically necessary** for any use other than those indicated in clinical criteria.

Document History:

Revised Dates:

- 2025: January – Annual policy reviewed - no changes. Policy format and references updated. CPT 49203-49205 deleted 1/1/25, added 96547 and 96548.
- 2023: January
- 2021: January
- 2019: November
- 2014: March
- 2013: December
- 2012: September
- 2011: October

Reviewed Dates:

- 2024: January
- 2022: January
- 2020: January
- 2018: April, November
- 2015: August
- 2014: August
- 2013: August
- 2010: December

Effective Date:

- December 2009

Coding:

Medically necessary with criteria:

Coding	Description
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter
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)

Considered Not Medically Necessary:

Coding	Description
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	None
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U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plan Medicare products.
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
 - This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
 - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2024, Mar 14). Retrieved Jan 06, 2025, from MCG 28th Edition:
<https://careweb.careguidelines.com/ed28/index.html>

(2025). Retrieved Jan 06, 2025, from Centers for Medicare and Medicaid Services:
<https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=49203&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3.5,1,F,P&contractOption=all&sortBy=relevance>

(2025). Retrieved Jan 06, 2025, from Virginia Department of Medical Assistance Services:
<https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library#gsc.tab=0&gsc.q=tumor%20debulking&gsc.sort=>

Alexander, H., Kindler, H., & Nowak, A. (2024, Aug 15). Peritoneal mesothelioma: Treatment. Retrieved Jan 06, 2025, from UpToDate: https://www.uptodate.com/contents/peritoneal-mesothelioma-treatment?search=hyperthermic%20intraperitoneal%20chemotherapy&source=search_result&selectedTitle=4%7E21&usage_type=default&display_rank=4#H135336372

Assessment of Adult Women With Ovarian Masses and Treatment of Epithelial Ovarian Cancer: ASCO Resource-Stratified Guideline. (2021, Jun 29). Retrieved Jan 06, 2025, from American Society of Clinical Oncology: <https://ascopubs.org/doi/full/10.1200/GO.21.00085>

Hyperthermic Intraperitoneal Chemotherapy for Peritoneal Carcinomatosis Resulting from Peritoneal Mesothelioma. (2023, Jan 27). Retrieved Jan 06, 2025, from Hayes - a symplr company: <https://evidence.hayesinc.com/report/dir.hyperthermic4730>

Hyperthermic Intraperitoneal Chemotherapy for Sarcoma with Peritoneal Involvement. (2023, Mar 07). Retrieved Jan 06, 2025, from Hayes - a symplr company: <https://evidence.hayesinc.com/report/dir.hipc4788>

Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer. (2024, Jul 15). Retrieved Jan 06, 2025, from National Comprehensive Cancer Network: https://www.nccn.org/professionals/physician_gls/pdf/ovarian_blocks.pdf

Salani, R., & Cosgrove, C. (2024, Sep 23). Cancer of the ovary, fallopian tube, and peritoneum: Surgical cytoreduction. Retrieved Jan 06, 2025, from UpToDate: https://www.uptodate.com/contents/cancer-of-the-ovary-fallopian-tube-and-peritoneum-surgical-cytoreduction?search=cytoreductive%20surgery&source=search_result&selectedTitle=1%7E127&usage_type=default&display_rank=1#H3024729796

Subchapter H - Medical Devices. (2025). Retrieved Jan 06, 2025, from Code of Federal Regulations: <https://www.ecfr.gov/current/title-21/chapter-I/subchapter-H>

(2025). Retrieved Jan 06, 2025, from Carelon Medical Benefits Management: <https://guidelines.carelonmedicalbenefitsmanagement.com/current-radiation-oncology-guidelines/>

Keywords:

Cryoreduction, debulking, surgical 02, 2, pseudomyxoma peritonei, hyperthermic intraperitoneal chemotherapy, ovarian cancer, fallopian tube cancer, primary peritoneal cancer, gastrointestinal stromal tumors, peritoneal mesothelioma, tumor debulking, SHP Cytoreduction Surgery (Tumor Debulking), Tumor Debulking, Cytoreduction Surgery (CRS), Tumor Cytoreductive Surgery, Surgical Cytoreduction