

Cytoreductive Surgery (Tumor Debulking)

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[Effective Date](#) 12/2009
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[Coverage Policy](#) Surgical 02
[Version](#) 6

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

Purpose:

This policy addresses the medical necessity for Cytoreductive Surgery (Tumor Debulking) with or without Hyperthermic intraperitoneal chemotherapy (HIPEC).

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.

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

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 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

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).

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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.

Keywords:

Cytoreduction, 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