Sentara® Health Plans

Commercial

Cytoreductive Surgery (Tumor Debulking)

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Effective Date	12/2009
Next Review Date	1/9/2024
Coverage Policy	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*.

Purpose:

This policy addresses 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:

Including but not limited to: 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: *

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

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