

This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

SHP Cytoreductive Surgery (Tumor Debulking)

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MCG Health
Ambulatory Care
26th Edition

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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- Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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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 applies heated medication within the peritoneal cavity during surgery.

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

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of cryoreduction for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Cytoreductive surgery with or without Hyperthermic intraperitoneal chemotherapy (HIPEC) is considered medically necessary for **1 or more** of the following:
 - Individual with Optima Commercial or Optima Medicare plan 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
 - Individual with Optima Virginia Medicaid plan and **1 or more** of the following
 - An individual with pseudomyxoma peritonei when used in conjunction with hyperthermic intraperitoneal chemotherapy
 - An individual with ovarian cancer, fallopian tube cancer and primary peritoneal cancer
 - An individual with gastrointestinal stromal tumors
 - An individual with peritoneal mesothelioma when used in conjunction with hyperthermic intraperitoneal chemotherapy

Document History

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- Revised Dates:
 - 2023: January
 - 2021: January
 - 2019: November
 - 2014: March
 - 2013: December
 - 2012: September
 - 2011: October
- Reviewed Dates:
 - 2022: January
 - 2020: January
 - 2018: April, November
 - 2015: August
 - 2014: August
 - 2013: August
 - 2010: December
- Effective Date: December 2009

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 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
 - CPT 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
 - CPT 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
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

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

(2022). Retrieved Nov 21, 2022, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2022). Retrieved Nov 21, 2022, from HAYES: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522cytoreductive%2520surgery%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sour>

(2022). Retrieved Nov 21, 2022, from CMS.gov: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Cytoreduction&keywordType=any&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance>

(2022). Retrieved Nov 22, 2022, from AIM Specialty Health: <https://aimspecialtyhealth.com/resources/clinical-guidelines/>

Cancer of the ovary, fallopian tube, and peritoneum: Surgical cytoreduction. (2022, Oct 13). Retrieved Nov 21, 2022, from UpToDate: https://www.uptodate.com/contents/cancer-of-the-ovary-fallopian-tube-and-peritoneum-surgical-cytoreduction?search=Cytoreduction&source=search_result&selectedTitle=2~77&usage_type=default&display_rank=2

Guidelines. (2022). Retrieved Nov 22, 2022, from American Society of Clinical Oncology (ASCO): <https://old-prod.asco.org/search/site/Cytoreductive%20surgery?f%5B0%5D=fctContentType%3AGuidelines>

NCCN Clinical Practice Guidelines in Oncology. (2022). Retrieved Nov 22, 2022, from National Comprehensive Cancer Network: https://www.nccn.org/guidelines/category_1

Procedure Fee Files & CPT Codes. (2022). Retrieved Nov 21, 2022, from Department of Medical Assistance Services: <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/>

The Current Status of Secondary Cytoreduction in Ovarian Cancer: A Systematic Review. (2020, Jun). Retrieved Nov 22, 2022, from Clinical Advances in Hematology & Oncology, A Peer-Review Journal: <https://www.hematologyandoncology.net/archives/june-2020/the-current-status-of-secondary-cytoreduction-in-ovarian-cancer-a-systematic-review/>

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CPT® : 49203, 49204, 49205

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