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Effective 12/1/2026

Last Revised 10/14/2026

Next Review 12/1/2027

Area	Medical Policy
Lines Of Business	All Lines of Business

Hyperthermic Intraperitoneal Chemotherapy (HIPEC)

PURPOSE:

This policy addresses The Health Plan's coverage position regarding hyperthermic intraperitoneal chemotherapy (HIPEC).

May be referred to as intraperitoneal hyperthermic chemotherapy (IPHC).

DESCRIPTION:

Hyperthermic intraperitoneal chemotherapy (HIPEC) is a procedure used to treat advanced abdominal cancers. It is a two-step medical procedure combining cytoreductive surgery and a heated chemotherapy wash to treat advanced abdominal cancers. Surgeons open the abdomen and carefully remove all visible tumors and diseased tissue from the lining and organs. A liquid chemotherapy solution is warmed to about 41 to 42°C (106 to 108°F) and pumped directly into the empty abdominal cavity. The warm bath circulates for 60 to 90 minutes to destroy any remaining microscopic cancer cells.

COVERAGE GUIDELINES:

This policy does not address hyperthermia treatment referenced under the Medicare NCD Hyperthermia for Treatment of Cancer (110.1). Codes 77605, 77610, 77615, 77620.

The Health Plan complies with all Medicare National Coverage Determinations (NCD's), applicable Local Coverage Determinations (LCD's), and WV Bureau for Medical Services guidelines for all therapies, items, services, and/or procedures that are covered benefits under Medicare or Medicaid. If the coverage criteria in this policy conflict with any NCD's, relevant LCD, or WV BMS guidelines, the relevant document controls the application of services regardless of the version of the NCD, LCD, or WV BMS guideline listed in the reference section.

No Medicare NCD or LCD was found in a literature search pertaining to hyperthermic intraperitoneal chemotherapy (HIPEC).

Hyperthermic intraperitoneal chemotherapy (HIPEC) is covered when all the following indications are met:

- Newly diagnosed histologically confirmed epithelial ovarian cancer or fallopian tube/primary peritoneal carcinoma at the time of interval cytoreductive surgery, and
- All FIGO Stage III disease; and
- Response or stable disease on neoadjuvant chemotherapy; anticipated complete or optimal cytoreduction; and
- The member should have adequate renal function and performance status for cisplatin.
- The evidence-supported regimen is cisplatin 100 mg/m² intraperitoneally over 90 minutes.

Other covered indications:

- The treatment of acellular mucin, low-grade mucinous carcinoma peritonei [DPAM]), high-grade mucinous carcinoma peritonei, and high-grade with signet ring cells
- The treatment of peritoneal mesothelioma.
- The treatment of goblet cell adenocarcinoma
- The treatment of pseudomyxoma peritonei
- The treatment of resectable appendiceal disease

As appropriate, the service should be performed at an experienced peritoneal-surface malignancy center and complete/near-complete cytoreduction is anticipated.

DOCUMENTATION REQUIREMENTS:

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available with precertification. Examples include, but not limited to;

Pathology confirming diagnosis; imaging/operative assessment of resectability and anticipated completeness of cytoreduction; multidisciplinary evaluation; performance status, comorbidity, and organ-function assessment, including renal-function review for cisplatin-containing regimens; an institutional HIPEC protocol with perioperative safety and toxicity-management measures; and documented shared decision-making.

NON-COVERAGE STATEMENT:

Other than what is indicated above, hyperthermic intraperitoneal chemotherapy (HIPEC) is considered experimental and investigational for all other indications. The current available scientific evidence is insufficient and /or does not support coverage at this time. The following list is not all-inclusive.

Bladder cancer

Cecal cancer

Colon Cancer

Colorectal signet ring carcinoma

Desmoplastic small round cell tumor

Gastric peritoneal metastasis — is not covered outside a clinical trial (PERISCOPE II)

Hepatocellular carcinoma

Intrapleural mesothelioma

Mixed germ cell tumor

Pancreatic cancer

Small bowel adenocarcinoma

Thymic cancer

Uterine leiomyosarcoma

Peritoneal surface malignancy (peritoneal carcinomatosis, peritoneal sarcomatosis) for indications other than mucinous carcinoma peritonei (MCP) or peritoneal mesothelioma.

The current ASCO Living Guideline (v2026.1.0) concludes there is insufficient evidence to recommend secondary cytoreduction or HIPEC in recurrence.

HIPEC at primary cytoreduction or to extrapolate the OVHIPEC-1 indication to FIGO stage IV disease; these settings are non-covered under this policy.

HIPEC is not medically necessary absent planned cytoreduction surgery.

CODING GUIDELINES:

Providers are reminded to use the specific CPT or HCPCS code for services requested. Miscellaneous/non-specific codes should only be used when there is no assigned code for the service requested. There are specific assigned codes for hyperthermic intraperitoneal chemotherapy (HIPEC).

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)

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RELATED POLICIES:

NA

POLICY HISTORY:

New 10/01/2026

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