

MEDICAL POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Hyperthermic Intraperitoneal Chemotherapy-MP-MM-1338	01/01/2024
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically

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 5. Ceelen W, Demuytere J, de Hingh I. Hyperthermic intraperitoneal chemotherapy: a critical review. *Cancers*. 2021;13(13):3114. doi:10.3390/cancers13133114
 6. Chicago Consensus Working Group. The Chicago Consensus on peritoneal surface malignancies: management of appendiceal neoplasms. *Ann Surg Oncol*. 2020;27:1753-1760. doi:10.1245/s10434-020-08316-w
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 9. Chicago Consensus Working Group. The Chicago Consensus on peritoneal surface malignancies: management of ovarian neoplasms. *Cancer*. 2020;126:2553-2560. doi:10.1002/cncr.32867
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The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

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18. Lewis AL, Dabo-Trubelja A. Anesthesia for cytoreductive surgery with heated intraperitoneal chemotherapy. UpToDate. Updated August 23, 2023. Accessed September 25, 2023. www.uptodate.com raperitive

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