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# RMHP Hyperthermic intraperitoneal chemotherapy (HIPEC)

**MCG Health**  
Ambulatory Care  
27th Edition

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## Clinical Indications for Procedure

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For members with **RMHP Individual and Family Plan (IFP) commercial** coverage, the case will be pended for the reviewer to apply the guidelines in UnitedHealthcare Commercial and Individual Exchange Medical Policy, Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC). The requesting provider will be notified of the decision per protocol. See References.

For members with **RMHP PRIME (Medicaid) and CHP+** plan coverage, the case will be pended for the reviewer to apply the guidelines in UnitedHealthcare Community Plan Medical Policy, Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC). The requesting provider will be notified of the decision per protocol. See References.

For members with **RMHP Medicare (CareAdvantage and Dual Special Needs Plan (DSNP)** coverage: the case will be pended for the reviewer to apply the current Centers for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD). The requesting provider will be notified of the decision per protocol. See References.

## Policy History

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History Summary: 2020 - Adopted UHC with MC NCD, retired original 2016-2019 policy. Retired former RMHP original policy. UHC replacement approved by committee hierarchy 6/3/2020. Annual review and updated references with committee approval 2021, 2022, 2023.

## References

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Center for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) for Hyperthermia for Treatment of Cancer (110.1) Effective Date: 12/31/1984, reviewed 5/9/2023.

UnitedHealthcare® Community Plan Medical Policy, Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC), Policy Number: CS141.K, Effective Date: January 1, 2023, reviewed 5/9/2023 online <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/intraoperative-hyperthermic-intraperitoneal-chemotherapy-cs.pdf> and internally at S:\GJ\_SHARE\CM\Policy. Process. Workflows\Clinical Policy\_Coverage Guidelines\Clinical GMM\MCG UHC Guideline Copies filename UHC intraoperative-hyperthermic-intraperitoneal-chemotherapy-cs.

UnitedHealthcare® Commercial and Individual Exchange Medical Policy, Intraoperative Hyperthermic Intraperitoneal Chemotherapy (HIPEC), Policy Number: 2023T0573K, Effective Date: April 1, 2023, reviewed 5/9/2023 online <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/intraoperative-hyperthermic-intraperitoneal-chemotherapy.pdf> and internally S:\GJ\_SHARE\CM\Policy. Process. Workflows\Clinical Policy\_Coverage Guidelines\Clinical GMM\MCG UHC Guideline Copies filename UHC intraoperative-hyperthermic-intraperitoneal-chemotherapy IFP.

## Codes

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