

Insurers' coverage policies on HIPEC—2019

The Blue Cross Blue Shield companies and goblet cell appendix cancer

The following position was adopted by the Blue Cross Blue Shield Association—which sets policy for all BC/BS companies—in 2016. I call this policy position "**G**" (for goblet cell).

Some BC/BS companies have adopted this policy and some have not:

Hyperthermic intraperitoneal chemotherapy (HIPEC) meets the definition of medical necessity when administered in conjunction with cytoreductive surgery for the treatment of the following diagnoses:

- Pseudomyxoma peritonei, OR
- Diffuse malignant peritoneal mesothelioma●

Hyperthermic intraperitoneal chemotherapy (HIPEC) meets the definition of medical necessity in newly diagnosed epithelial ovarian or fallopian tube cancer at the time of interval cytoreductive surgery (refer to DEFINITIONS section), when ALL of the following criteria are met:

- Stage IIIA or stage IIIB disease (cancer has spread within the abdomen)
- Not eligible for initial cytoreductive surgery, or initial surgery had been performed but was incomplete and will receive neoadjuvant chemotherapy and subsequent interval debulking surgery.
- It is expected that complete cytoreduction or optimal cytoreduction can be achieved at time of the interval debulking surgery.

Hyperthermic intraperitoneal chemotherapy (HIPEC) in all other settings to treat ovarian cancer or fallopian tube cancer, including but not limited to stage IIIC or stage IV disease, is considered experimental or investigational. Data in published medical literature are inadequate to permit scientific conclusions on long-term and net health outcomes.

Hyperthermic intraperitoneal chemotherapy (HIPEC) is considered experimental and investigational for all other indications not listed above, including but not limited to peritoneal carcinomatosis arising from colorectal cancer, gastric cancer, or endometrial cancer; and goblet cell tumors of the appendix, due to the lack of peer-reviewed literature and clinical guidelines to establish its effectiveness.

1. Anthem BC/BS

Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri, Nevada, New Hampshire, Ohio, Virginia, Wisconsin, Anthem BC California, Empire BC/BS.

Policy: HIPEC medical policy archived in 2009. No official policy on HIPEC.

2. Healthcare Service Corporation

(BC/BS of Illinois, Texas, Montana, Oklahoma and New Mexico)

Policy: **G**

3. Carefirst

District of Columbia, Maryland, parts of Virginia

Policy:

Regional hyperthermia is medically necessary for "peritoneal carcinomatosis and peritoneal mesothelioma." *[This is widely inclusive, as peritoneal carcinomatosis refers to any cancer which has spread within the abdomen.]*

4. Highmark

Highmark BC/BS (Western and Northeastern Pennsylvania)

Highmark BS (Eastern and Central Pennsylvania)

Highmark BC/BS Delaware

Highmark BC/BS West Virginia

Policy: Early Intraperitoneal chemotherapy (EPIC) or Hyperthermic intraoperative Intraperitoneal chemotherapy (HIPEC) may be considered medically necessary when used in combination with cytoreductive surgery for ANY ONE of the following indications:

Stage III optimally debulked (residual tumor less than or equal to 1.0 cm in diameter) epithelial ovarian cancer; or

Optimally debulked pseudomyxoma peritonei or mesothelioma of the peritoneum; or

Optimally debulked peritoneal surface malignancies from tumors of gastrointestinal origin (excluding pancreas).

EPIC or HIPEC reported for any other indication is considered experimental/investigational, and therefore, non-covered. Scientific evidence does not support the use of EPIC and HIPEC for any other indications.

5. Premera

Premera BCBS of Alaska, Premera BC (Washington)

Policy: **G**

6. Cambia Health Solutions

Regence BS of Idaho, Regence BC/BS of Oregon, Regence BC/BS of Utah, Regence BS Washington

Policy: Archived in 2010. They currently have no official policy on HIPEC.

7. Wellmark BC/BS

Wellmark Iowa, Wellmark South Dakota

Policy: No HIPEC policy

8. BC of Idaho: (G)

8. BC/BS of Alabama:

Policy: No HIPEC policy

9. BC/BS of Arizona:

Policy: Archived

10. BC/BS of Arkansas: **(G)**
11. BC/BS of Kansas: **(G)**
12. BC/BS of Kansas City: **(G)**
13. BC/BS of Louisiana: Archived
14. BC/BS of Massachusetts: **(G)**
15. BC/BS of Michigan: **(G)**
16. BC/BS of Minnesota: **(G)**
16. BC/BS of Mississippi: **(G)**
17. BC/BS of Nebraska: **(G)**
18. BC/BS North Carolina: **(G)**
19. BC/BS of North Dakota:
Policy:
HIPEC is medically necessary for pseudomyxoma peritonei, peritoneal mesothelioma, ovarian cancer stage-III, peritoneal surface malignancies of gastrointestinal origin (excluding pancreas).
20. BC/BS of Northeastern New York: **(G)**
21. BC/BS of Rhode Island:
Policy: No HIPEC policy
22. BC/BS of South Carolina: **(G)**
23. BC/BS of Tennessee:
Policy: No HIPEC policy
24. BC/BS of Vermont:
Policy: No HIPEC policy
25. BC/BS of Western New York:
Policies not posted publicly.
26. BC/BS of Wyoming: **(G)**

27. Blue Shield California: **(G)**

28. Capital BC (Central Pennsylvania): **(G)**

29. Excellus BC/BS:

Policy: "Requests for intraperitoneal hyperthermic chemotherapy combined with cytoreductive surgery should be reviewed for medical necessity as an inpatient surgical procedure using nationally recognized InterQual standards."

30. Florida Blue: **(G)**

31. Hawaii Medical Service Association:

Policy: No HIPEC policy

32. Horizon BC/BS of New Jersey: **(G)**

33. Independence BC: **(G)**

AETNA

Policy:

HIPEC is medically necessary for DPAM (LAMN), goblet cell carcinoid of the appendix, peritoneal mesothelioma,

HIPEC is experimental for appendiceal carcinoma without pseudomyxoma, bladder cancer, clear cell carcinoma of the ovary, colon cancer, colorectal signet ring carcinoma, desmoplastic small round cell tumor, fallopian tube cancer, gastric cancer, hepatocellular carcinoma, mixed germ cell tumor, ovarian cancer, pancreatic cancer, small bowel adenocarcinoma, thymic carcinoma, or uterine leiomyosarcoma.

CIGNA

Policy:

HIPEC is medically necessary for pseudomyxoma peritonei, peritoneal mesothelioma and peritoneal carcinomatosis from colorectal cancer.

UNITED HEALTHCARE

Policy:

HIPEC is medically necessary for pseudomyxoma peritonei, peritoneal mesothelioma and peritoneal carcinomatosis from colon cancer, rectal cancer, small bowel cancer and adenocarcinoma of the appendix.

HIPEC is experimental for gastric and ovarian cancer.