

Hyperthermia Policy

Purpose

To describe the CVS Radiation Oncology External Policy for Hyperthermia.

Scope

The scope of this document applies to CVS Health clients who have signed up for the CVS Radiation Oncology program under CVS Health Solutions. This document includes the external policy details for the Hyperthermia policy.

Background

CVS Health considers Hyperthermia medically necessary in the treatment of some tumor types. The goal of hyperthermia in cancer therapy is to produce tumor tissue temperatures above 41 to 42 degrees centigrade. Hyperthermia has been shown to potentiate the tumoricidal effects of radiation therapy.

Policy

CVS Health considers Hyperthermia medically necessary in the following procedures:

- Cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy (HIPEC) for the treatment of pseudomyxoma peritonei (including disseminated peritoneal adenomucinosis (DPAM), characterized by histologically benign peritoneal tumors that are frequently associated with an appendiceal mucinous adenoma, as well as peritoneal mucinous carcinomatosis, which are defined as disseminated mucin-producing adenocarcinomas);
- Cytoreductive surgery combined with HIPEC for the treatment of peritoneal mesothelioma;
- Cytoreductive surgery combined with HIPEC for the treatment of goblet cell carcinoid tumor;
- HIPEC for use with cisplatin at the time of interval debulking surgery for FIGO stage III ovarian cancer;
- Regional hyperthermic melphalan perfusion in members with stage II, IIIA, and stage III in-transit extremity melanoma;
- Sequential radiation and local/regional external hyperthermia only for the treatment of primary or metastatic cutaneous or subcutaneous superficial malignancies (e.g., superficial recurrent melanoma, chest wall recurrence of breast cancers, and cervical lymph node metastases from head and neck cancer)

Hyperthermia is considered experimental and investigational for all other indications including the following applications because the effectiveness of this approach in these conditions has not been established:

- Deep hyperthermia alone or in combination with radiation therapy
- HIPEC for the following other than the indicated scenarios above:
 - Intrapleural mesothelioma
 - 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
 - Pancreatic cancer
 - Signet ring adenocarcinoma of the appendix
 - Small bowel adenocarcinoma
 - Thymic carcinoma
 - Urachal cancer
 - Uterine leiomyosarcoma; and
 - Peritoneal surface malignancy (peritoneal carcinomatosis, peritoneal sarcomatosis) for indications other than pseudomyxoma peritonei or peritoneal mesothelioma
 - Interstitial, intra-cavitory, and intraluminal hyperthermia
 - Pleural HIPEC for the treatment of metastatic pleural malignancies, pleural mesothelioma, and other indications
 - Prophylactic HIPEC for gastric cancer
 - Regional hyperthermic melphalan perfusion in stage I, IIIB and IIIAB extremity melanoma, as well as regional hyperthermic perfusion for extremity melanoma in conjunction with any other chemotherapy
 - Regional hyperthermic perfusion for indications (e.g., non-small cell lung cancer) other than extremity melanoma
 - Superficial hyperthermia for paranasal sinus and nasal cavity cancer
 - Transrectal ultrasound hyperthermia for prostate cancer; and
 - Whole body hyperthermia for testicular cancer and other indications.

The final medical necessity will be determined based on the terms of the member's benefit plan. Please check benefit plan descriptions.

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The Hyperthermia policy is based on the following references:

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