



MEDICAL COVERAGE GUIDELINES  
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 03/05/13  
LAST REVIEW DATE: 11/26/13  
LAST CRITERIA REVISION DATE:  
ARCHIVE DATE:

---

## MICROWAVE TUMOR ABLATION

---

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

---

### Description:

Microwave tumor ablation (MWA) has been investigated as a technique to destroy tumors and soft tissue by using microwave energy to create thermal coagulation and localized tissue necrosis. MWA may be performed as an open procedure, laparoscopically, percutaneously or thoracoscopically under image guidance (e.g., ultrasound, computed tomography [CT] or magnetic resonance imaging [MRI]) with sedation, or local or general anesthesia. MWA may also be referred to as microwave coagulation therapy. MWA has been investigated in the treatment of hepatocellular carcinoma, hepatic metastases from primary cancers from other sites intrahepatic primary cholangiocarcinoma, lung tumors, renal tumors, adrenal carcinoma, benign thyroid tumors and renal tumors.



MEDICAL COVERAGE GUIDELINES  
SECTION: SURGERY

ORIGINAL EFFECTIVE DATE: 03/05/13  
LAST REVIEW DATE: 11/26/13  
LAST CRITERIA REVISION DATE:  
ARCHIVE DATE:

---

## MICROWAVE TUMOR ABLATION (cont.)

### Criteria:

- Microwave ablation of primary and metastatic tumors is considered ***experimental or investigational*** based upon:
1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives
  4. Insufficient evidence to support improvement outside the investigational setting.

---

### Resources:

Resources prior to 03/05/13 may be requested from the BCBSAZ Medical Policy and Technology Research Department.

1. 7.01.133 BCBS Association Medical Policy Reference Manual. Microwave Tumor Ablation. Re-issue date 10/10/2013, issue date 12/08/2011.