Medical Policy
Microwave Tumor Ablation

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Policy Number: 912
BCBSA Reference Number: 7.01.133
NCD/LCD: NA

Related Policies
• Cryosurgical Ablation of Primary or Metastatic Liver Tumors, #633
• Radiofrequency Ablation of Primary or Metastatic Liver Tumors, #286
• Cryosurgical Ablation of Miscellaneous Solid Tumors Other Than Liver, Prostate, or Dermatologic Tumors, #260
• Radiofrequency Ablation of Miscellaneous Solid Tumors Excluding Liver Tumors, #259
• Intraoperative Radiation Therapy, #612

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Microwave ablation of primary and metastatic tumors is considered INVESTIGATIONAL.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
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<tr>
<td>Commercial PPO and Indemnity</td>
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<tr>
<td>Medicare PPO BlueSM</td>
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CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for microwave ablation for most primary and metastatic tumors. There is a CPT code for breast tumors:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Code Description</th>
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<tr>
<td>0301T</td>
<td>Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermotherapy</td>
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</tbody>
</table>

ICD-9 Diagnosis Codes

Investigational for all diagnoses.

Description

Microwave ablation (MWA) is a technique similar to radiofrequency or cryosurgical ablation used to destroy tumors and soft tissue by using microwave energy to create thermal coagulation and localized tissue necrosis. MWA is used to treat tumors considered to be inoperable or not amenable to resection or to treat patients ineligible for surgery due to age, presence of comorbidities, or poor general health. The hypothesized advantages of MWA for these cancers include improved local control and those common to any minimally invasive procedure (e.g., preserving normal organ tissue, decreasing morbidity, decreasing length of hospitalization).

Summary

In summary, based on review of the published data (which consists largely of small case series and limited randomized trials) and clinical input, there is insufficient evidence to permit conclusions concerning the comparative effectiveness of microwave ablation (MWA) to other ablative techniques on health outcomes.

Results of the ongoing Phase III trial comparing MWA to radiofrequency ablation will provide additional information in determining the role of MWA in the treatment of hepatocellular carcinoma. Information from additional future studies may indicate a role for MWA for the treatment of tumors for control of local tumor growth, palliation of symptoms, and extended survival durations in tumors that are not amenable to resection or in patients who are not surgical candidates. However, in total, the current available evidence is insufficient to permit conclusions on net health outcomes of MWA of tumors, and this technique is considered investigational.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>10/2017</td>
<td>New references added from BCBSA National medical policy.</td>
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<td>4/2016</td>
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<td>4/2013</td>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References


