Medical Policy

Electromagnetic Navigation Bronchoscopy

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Policy Number: 203
BCBSA Reference Number: 7.01.122
NCD/LCD: NA

Related Policies
- Stereotactic Radiosurgery & Fractionated Stereotactic Radiosurgery, #277
- Whole Body Computed Tomography Scan as a Screening Test, #447

Policy

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

Electromagnetic navigation bronchoscopy for use with flexible bronchoscopy for the diagnosis of pulmonary lesions and mediastinal lymph nodes is INVESTIGATIONAL.

Electromagnetic navigation bronchoscopy for the placement of fiducial markers is 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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<td>Medicare HMO BlueSM</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
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</table>
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.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT codes are considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

<table>
<thead>
<tr>
<th>CPT codes</th>
<th>Code Description</th>
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<tr>
<td>31626</td>
<td>Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple</td>
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<tr>
<td>31627</td>
<td>Bronchoscopy, rigid or flexible, including fluoroscopic guidance when performed; with computer-assisted, image-guided navigation</td>
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Description
Pulmonary nodules (cancerous and benign) are generally identified on plain chest radiographs or chest computed tomography (CT) scans. There is greater diagnostic success with centrally located and larger lesions. Solitary pulmonary nodules (most often defined as asymptomatic nodules less than 6 mm) are more difficult to evaluate than larger centrally located lesions. Early diagnosis of any cancerous lung lesion is desired due to the poorer prognosis if diagnosed at a later stage of lung cancer.

The methods used to diagnose lung cancer depend upon a number of factors, including lesion size and location as well as the clinical history and status of the patient. However none of these methods are ideal for safely and accurately diagnosing malignant disease. Electromagnetic navigation bronchoscopy (ENB) is intended to enhance standard bronchoscopy by providing a three-dimensional roadmap of the lungs allowing navigation to distal regions of the lungs so that suspicious lesions can be biopsied and for the placement of fiducial markers.

An example of ENB to enhance standard bronchoscopy is the InReach™ system from Superdimension, Inc. All ENB devices are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary
The evidence on ENB for diagnosis of pulmonary lesions consists largely of case series. The single published controlled study compared ENB to another novel diagnostic approach rather than to standard bronchoscopy or transthoracic needle aspiration. Diagnostic yield, the ability to determine a conclusive diagnosis, of ENB per lesion in the available studies ranged from 57% to 75%. Due to the small number of patients in individual studies, there is limited evidence on complications from the procedure and adverse effects such as pneumothorax. Overall, data are insufficient to determine the risks and benefits of ENB compared to standard approaches to diagnose peripheral lesions.

The data are also insufficient to identify which patients might benefit from ENB. Eligibility criteria of existing studies were variable, and in some cases not well-defined. It is not clear whether ENB would be most appropriate as a first-line or second-line diagnostic approach.

There are less data on the potential use of ENB in biopsy of mediastinal lymph nodes.
Insufficient data is available on the safety and efficacy of ENB used for fiducial marker placement. Only one small study that compared ENB to another method of fiducial marker placement was identified. Thus, use of this technology is considered investigational for both the diagnosis of pulmonary lesions and mediastinal lymph nodes and for the placement of fiducial markers.

### Policy History

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<th>Date</th>
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<tr>
<td>7/2017</td>
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<tr>
<td>11/2015</td>
<td>Added coding language.</td>
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<tr>
<td>3/2015</td>
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<td>2/2013</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