



## Medical Policy

# Electromagnetic Navigation Bronchoscopy

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### Policy Number: 203

BCBSA Reference Number: 7.01.122

### Related Policies

- Real-Time Intra-Fraction Target Tracking During Radiation Therapy, #[085](#)
- Stereotactic Radiosurgery & Fractionated Stereotactic Radiosurgery, #[277](#)
- Screening for Lung Cancer Using CT Scanning or Chest Radiographs, #[619](#)
- Whole Body Computed Tomography Scan as a Screening Test, #[447](#)

### Policy

#### **Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> 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

#### **Commercial Members: Managed Care (HMO and POS)**

This is **NOT** a covered service.

#### **Commercial Members: PPO, and Indemnity**

This is **NOT** a covered service.

#### **Medicare Members: HMO Blue<sup>SM</sup>**

This is **NOT** a covered service.

#### **Medicare Members: PPO Blue<sup>SM</sup>**

This is **NOT** a covered service.

## CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. 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

CPT codes:	Code Description
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance when performed; with computer-assisted, image-guided navigation

### ICD-9 Diagnosis Codes

Investigational for all diagnoses.

### 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 are 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

Date	Action
4/2014	New references added from BCBSA National medical policy.
2/2013	New references from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
4/2011	Reviewed - Medical Policy Group – Cardiology and Pulmonology. No changes to policy statements.
8/1/2010	Medical Policy #203 effective 8/1/2010 created.

## 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

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