

# Protocol

## Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure

(70196)

<b>Medical Benefit</b>		<b>Effective Date:</b> 07/01/12	<b>Next Review Date:</b> 03/15
<b>Preauthorization</b>	No	<b>Review Dates:</b> 06/07, 07/08, 03/09, 03/10, 03/11, 03/12, 03/13, 03/14	

*The following Protocol contains medical necessity criteria that apply for this service. It is applicable to Medicare Advantage products unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. **Preauthorization is not required.** Please note that payment for covered services is subject to eligibility and the limitations noted in the patient's contract at the time the services are rendered.*

### Description

Computer-assisted navigation (CAN) in orthopedic procedures describes the use of computer-enabled tracking systems to facilitate alignment in a variety of surgical procedures, including fixation of fractures, ligament reconstruction, osteotomy, tumor resection, preparation of the bone for joint arthroplasty, and verification of the intended implant placement.

#### Background

The goal of computer-assisted navigation (CAN) is to increase surgical accuracy and reduce the chance of malposition of implants. For total knee arthroplasty (TKA), malalignment is commonly defined as a variation of greater than three degrees from the targeted position. Proper implant alignment is believed to be an important factor for minimizing long-term wear, risk of osteolysis, and loosening of the prosthesis. In addition to reducing the risk of substantial malalignment, CAN may improve soft tissue balance and patellar tracking. CAN is also being investigated for operations with limited visibility such as placement of the acetabular cup in total hip arthroplasty (THA), resection of pelvic tumors, and minimally invasive orthopedic procedures. Other potential uses of CAN for surgical procedures of the appendicular skeleton include screw placement for fixation of femoral neck fractures, high tibial osteotomy, and tunnel alignment during reconstruction of the anterior cruciate ligament (ACL).

CAN devices may be image-based or non-image-based. Image-based devices use preoperative computed tomography (CT) scans and operative fluoroscopy to direct implant positioning. Newer non-image-based devices use information obtained in the operating room (OR), typically with infrared probes. For TKA, specific anatomic reference points are made by fixing signaling transducers with pins into the femur and tibia. Signal-emitting cameras (e.g., infrared) detect the reflected signals and transmit the data to a dedicated computer. During the surgical procedure, multiple surface points are taken from the distal femoral surfaces, tibial plateaus, and medial and lateral epicondyles. The femoral head center is typically calculated by kinematic methods that involve movement of the thigh through a series of circular arcs, with the computer producing a three-dimensional (3-D) model that includes the mechanical, transepicondylar, and tibial rotational axes. CAN systems direct the positioning of the cutting blocks and placement of the prosthetic implants based on the digitized surface points and model of the bones in space. The accuracy of each step of the operation (cutting block placement, saw cut accuracy, seating of the implants) can be verified, thereby allowing adjustments to be made during surgery.

Navigation involves three steps: data acquisition, registration, and tracking.

#### Data Acquisition

Data can be acquired in three different ways: fluoroscopically, guided by CT scan or magnetic resonance

imaging (MRI) or guided by imageless systems. These data are then used for registration and tracking.

#### Registration

Registration refers to the ability of relating images (i.e., x-rays, CT scan, MRI or patients' 3-D anatomy) to the anatomical position in the surgical field. Registration techniques may require the placement of pins or "fiducial markers" in the target bone. A surface-matching technique can also be used in which the shapes of the bone surface model generated from preoperative images are matched to surface data points collected during surgery.

#### Tracking

Tracking refers to the sensors and measurement devices that can provide feedback during surgery regarding the orientation and relative position of tools to bone anatomy. For example, optical or electromagnetic trackers can be attached to regular surgical tools, which can then provide real-time information of the position and orientation of the tools' alignment with respect to the bony anatomy of interest.

The VERASENSE™ (OrthoSense™) is a single-use device that replaces the standard plastic tibial trial spacer used in TKA. The device contains microprocessor sensors that quantify load and contact position of the femur on the tibia after resections have been made. The wireless sensors send the data to a Graphic User Interface that depicts the load. The device is intended to provide quantitative data on the alignment of the implant and on soft tissue balancing in place of intraoperative "feel".

#### *Regulatory Status*

Since CAN is a surgical information system in which the surgeon is only acting on the information that is provided by the navigation system, surgical navigation systems generally are subject only to 510(k) clearance from the U.S. Food and Drug Administration (FDA). As such, the FDA does not require data documenting the intermediate or final health outcomes associated with CAN. (In contrast, robotic procedures, in which the actual surgery is robotically performed, are subject to the more rigorous requirement of the premarket approval [PMA] process.)

A variety of surgical navigation procedures have received FDA clearance through the 510(k) process with broad labeled indications. The following is an example; "The OEC FluoroTrak 9800 Plus provides the physician with fluoroscopic imaging during diagnostic, surgical and interventional procedures. The surgical navigation feature is intended as an aid to the surgeon for locating anatomical structures anywhere on the human body during either open or percutaneous procedures. It is indicated for any medical condition that may benefit from the use of stereotactic surgery and which provides a reference to rigid anatomical structures such as sinus, skull, long bone or vertebra visible on fluoroscopic images."

Several navigation systems (e.g., PiGalileo™ Computer-Assisted Orthopedic Surgery System, PLUS Orthopedics; OrthoPilot® Navigation System, Braun; Navitrack® Navigation System, ORTHOsoft) have received FDA clearance specifically for TKA. FDA-cleared indications for the PiGalileo system are representative. This system "is intended to be used in computer-assisted orthopedic surgery to aid the surgeon with bone cuts and implant positioning during joint replacement. It provides information to the surgeon that is used to place surgical instruments during surgery using anatomical landmarks and other data specifically obtained intra-operatively (e.g., ligament tension, limb alignment). Examples of some surgical procedures include but are not limited to:

- Total knee replacement supporting both bone referencing and ligament balancing techniques
- Minimally invasive total knee replacement"

In 2013, the VERASENSE™ Knee System from OrthoSensor™ received 510(k) clearance from the FDA.

**Policy (Formerly Corporate Medical Guideline)**

Computer-assisted surgery for orthopedic procedures of the pelvis and appendicular skeleton is considered **investigational**.

**Benefit Application**

If computer-assisted navigation is billed in addition to the musculoskeletal surgical procedure it will be considered incidental to the surgical procedure.

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Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. *For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.*

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. **Some of this Protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

**References**

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.

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