Electromagnetic Navigation Bronchoscopy

LOB(s):	State(s):
☒ *Commercial* ☒ *Medicare*	☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*
☒ *Medicaid*	☒ *Oregon* ☐ *Washington*

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

The method used to diagnose lung cancer depends on a number of factors, including lesion size and location, as well as the clinical history and status of the member. Peripheral lung lesions and solitary pulmonary nodules may be more difficult to biopsy with conventional bronchoscopy or endobronchial ultrasound transbronchial needle aspiration than larger, centrally located lesions. For these cases, the use of Electromagnetic Navigation Bronchoscopy may be indicated.

Electromagnetic Navigation Bronchoscopy enhances standard bronchoscopy by providing a 3-dimensional view of the lungs and are used in conjunction with standard bronchoscopy. The purpose of Electromagnetic Navigation Bronchoscopy is to allow navigation views to distal regions of the lungs, providing information to position the probe during bronchoscopy, so that suspicious lesions can be biopsied and/or to allow markers to be placed.

Criteria

Commercial

Prior authorization is required

I. PacificSource considers Electromagnetic Navigation Bronchoscopy (ENB) medically necessary when **ALL** the following criteria is met:

A. The pulmonary nodule is either:

1. Peripherally located
2. Centrally located and a conventional bronchoscopy with endobronchial ultrasound has been attempted

B. Transthoracic needle biopsy cannot be done safely (e.g., nearby lung tissue with significant emphysema, risk of pneumothorax unacceptably high) or transthoracic needle biopsy already attempted without establishing a diagnosis

Medicaid

PacificSource Community Solutions follows Guideline Note 173 of the OHP Prioritized List of Health Services and considers Electromagnetic Navigation Bronchoscopy insufficient evidence of effectiveness.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy for determination of coverage and medical necessity.

Experimental/Investigational/Unproven

PacificSource considers Electromagnetic Navigation Bronchoscopy for all other indications to be experimental, investigational and/or unproven.

PacificSource considers Virtual Bronchoscopy Navigation (VBN), to be experimental, investigational and/or unproven.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

31627 Bronchoscopy, rigid or flexible, with computer-assisted, image-guided navigation

Related Policies

Coding Guidelines for Claims Editing (Line-Item Bill Auditing)

Robotic-Assisted Surgery

References

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Appendix

Policy Number:

Effective: 2/1/2022 **Next review:** 2/1/2025

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): Guideline Note 173 of the OHP Prioritized List of Health Service

Commercial Ops: 4/2024

Government Ops: 4/2024