

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	Electromagnetic Navigation Bronchoscopy
Policy Number	6.01.40
Category	Technology Assessment
Original Effective Date	04/21/11
Committee Approval Date	04/16/12, 03/21/13, 03/20/14, 03/19/15, 02/18/16, 02/16/17, 01/18/18, 01/17/19, 01/16/20, 01/21/21, 01/20/22, 01/19/23, 01/18/24
Current Effective Date	01/18/24
Archived Date	N/A
Archive Review Date	N/A
Product Disclaimer	<ul style="list-style-type: none"> • <i>Services are contract dependent; If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i> • <i>If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</i> • <i>If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.</i> • <i>If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i> • <i>If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</i>

POLICY STATEMENT

- I. Based upon our criteria and assessment of the peer-reviewed literature, electromagnetic navigation bronchoscopy has been medically proven to be effective and, therefore, is considered **medically appropriate** in ANY of the following circumstances:
 - A. Patient has a highly suspicious solitary pulmonary nodule that is deemed inaccessible by standard bronchoscopic methods, or standard methods have failed.
 - B. Patient has a highly suspicious solitary pulmonary nodule and poses an unacceptable risk (e.g., has bullous lung disease, diffuse emphysema) for a more invasive diagnostic procedure.
 - C. Patient has an identified lung lesion(s) and a co-existing cancer, and further determination of the lung lesion will impact staging of the primary tumor and, thus, the treatment plan.
 - D. Placement of fiducial markers is required for patient, who is not a candidate for surgical intervention and who has elected to undergo radiation therapy.
- II. Based upon our criteria and assessment of the peer-reviewed literature, use of electromagnetic navigation bronchoscopy for any other indication is considered **investigational**.

DESCRIPTION

Pulmonary nodules are identified on plain chest radiographs or chest computed tomography (CT) scans. Although most of these nodules are benign, some are malignant; early diagnosis of lung cancer is desirable because of the poor prognosis when it is diagnosed later in the disease course. The method used to diagnose lung cancer depends upon multiple factors, including lesion size, location, clinical history and status of the patient. Flexible bronchoscopy is a minimally invasive procedure, it is an established approach to evaluating pulmonary nodules. The sensitivity of flexible bronchoscopy for diagnosing bronchogenic carcinoma has been estimated at 88% for central lesions and 78% for peripheral lesions. For small peripheral lesions, less than 1.5cm in diameter, the sensitivity may be as low as 10%.

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Peripheral lung lesions and solitary pulmonary nodules (SPN) are more difficult to evaluate than larger, centrally located lesions. There are several options for diagnosing them; none of the methods are ideal for safely and accurately diagnosing malignant disease.

Recent advances in technology have led to enhancements that may increase the yield of established diagnostic methods. CT scanning equipment can be used to guide bronchoscopy and bronchoscopic transbronchial needle biopsy but has the disadvantage of exposing the patient and staff to radiation. Endobronchial ultrasound (EBUS) by radial probes, previously used in the peri-operative staging of lung cancer, can also be used to locate and guide sampling of peripheral lesions. EBUS is reported to increase the diagnostic yield of flexible bronchoscopy to at least 82%, regardless of the size and location of the lesion.

Electromagnetic navigation bronchoscopy (ENB) combines simultaneous CT virtual bronchoscopy with real-time fiberoptic bronchoscopy. ENB is intended to enhance standard bronchoscopy by providing a three-dimensional roadmap of the lungs and real-time information about the position of the steerable probe during bronchoscopy. ENB during flexible bronchoscopy has been proposed as a method to further increase the diagnostic yield of bronchoscopy in the diagnosis of peripheral and mediastinal lung lesions, by allowing the physician to place endobronchial accessories (e.g., forceps, brush, needle) in areas of the lung that would be hard to reach otherwise.

ENB is also utilized for placement of dye markers in peripheral lung lesions and near the pleura surface, to provide guidance during video-assisted thoracoscopic surgery; and for placement of radiosurgical markers transbronchially, to help radiation oncologists plan and treat patients with external beam radiation.

RATIONALE

There is some evidence that ENB provides a minimally invasive option for a select subset of patients, where a tissue diagnosis is not feasible by conventional bronchoscopy methods. Diagnostic rates appear comparable to transthoracic needle biopsy for these patients.

National Comprehensive Cancer Network (NCCN) clinical practice guideline on non-small-cell lung cancer states that the strategy for diagnosing lung cancer should be individualized, and the least invasive biopsy with the highest diagnostic yield is preferred as the initial diagnostic study.

- I. For patients with central masses and suspected endobronchial involvement, bronchoscopy is preferred.
- II. For patients with peripheral (outer one-third) nodules, either navigational bronchoscopy, radial EBUS or transthoracic needle aspiration (TTNA) is preferred.
- III. Patients with suspected nodal disease should be biopsied by EBUS, endoscopic ultrasound (EUS), navigational bronchoscopy or mediastinoscopy.

In 2013, the American College of Chest Physicians issued updated guidelines on the diagnosis of lung cancer. Regarding ENB, the guideline stated, "In patients with peripheral lung lesions difficult to reach with conventional bronchoscopy, electromagnetic navigation guidance is recommended if the equipment and the expertise are available." The authors noted that the procedure can be performed with or without fluoroscopic guidance and has been found to complement radial probe ultrasound. The strength of evidence for this recommendation is grade 1C, defined as "strong recommendation, low- or very-low-quality evidence."

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

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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 (list separately in addition to code for primary procedure[s])

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HCPCS Codes

Code	Description
No specific codes	

ICD10 Codes

Code	Description
Multiple diagnosis codes	

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*Key Article

KEY WORDS

ENB, electromagnetic navigation bronchoscopy

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon our review, electromagnetic navigation bronchoscopy is not addressed in National or Regional CMS coverage determinations or policies.