**Policy Name:** Electromagnetic Navigation Bronchoscopy  
**Effective Date:** 4/21/2021

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

### Coverage Policy

Electromagnetic navigation bronchoscopy is **COVERED**.

### Description

Electromagnetic navigation bronchoscopy is designed to biopsy peripheral lung lesions by an endobronchial route using a real-time navigation system. Proposed use is for patients who have lesions that are difficult to reach by conventional bronchoscopes, patients who are not suitable surgical candidates for surgical excision, and as an alternative to transthoracic needle aspiration.

Using a CT scan, computer software creates a virtual 3D "road map" through the deep passages of the lungs. An electromagnetic field board is placed under the individual to allow for real time tracking of instruments during the procedure. A microsensor probe is inserted through the bronchoscope into the airways. The sensor automatically registers the points and maps the appropriate route to peripheral lung lesions using the combined CT images and computer software. To navigate, the physician views the computer monitor and advances the guide to the peripheral lung lesion. Small, flexible tools are inserted through the bronchoscope to biopsy lesions or place a marker that will pinpoint the tumor's location for subsequent radiation treatments.

### FDA Approval

The following have received FDA approval/510 (k) marketing clearance:
- superDimension Navigation System V7.22 in February 2018 (K173244)
- superDimension Navigation System in November 2015 (K151376)
- superDimension/Bronchus in November 2004 (K042438)  
  - The initial manufacturer of superDimension/Bronchus was superDimension Ltd. In March 2012, Covidien acquired superDimension Ltd. In January 2015, Medtronic acquired Covidien.
- SPiN Thoracic Navigation System in May 2017 (K170023). The primary predicate device is listed as the SPiN drive system, which received FDA 510(k) marketing clearance in December 2012 (K122106).
Prior Authorization
Prior authorization is not applicable.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:
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).

Original Effective Date: 5/1/2012

Re-Review Date(s):
2/18/2015
4/18/2018
2/10/2020 – administrative update; format
4/21/2021

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