

Electromagnetic Navigational Bronchoscopy (ENB)

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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Electromagnetic navigation bronchoscopy (ENB) is intended to enhance standard bronchoscopy by providing a 3- dimensional roadmap of the lungs and real-time information about the position of the steerable probe during bronchoscopy. The purpose of ENB is to allow navigation to distal regions of the lungs, so that suspicious lesions can be biopsied and to allow fiducial markers placement.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan and Health Plan Plus members.

PROCEDURE

When flexible bronchoscopy alone, or with endobronchial ultrasound, is considered inadequate to accomplish the diagnostic or interventional objective, electromagnetic navigation bronchoscopy (ENB) may be considered medically necessary to:

- Establish a diagnosis of suspicious peripheral pulmonary lesion(s) or
- To place fiducial markers within lung tumor(s) prior to treatment.

CODES

31626	Bronchoscopy, Rigid Or flexible, Including Fluoroscopic Guidance, When Performed,
31020	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)).
C9751	Bronchoscopy, Rigid Or flexible, Transbronchial Ablation of Lesion(s) By Microwave Energy, Including Fluoroscopic Guidance, When Performed, With Computed Tomography Acquisition(s) And 3-d Rendering Computer-assisted, Image-guided Navigation, And Endobronchial Ultrasound (ebus) Guided Transtracheal And/or Transbronchial Sampling (eg, Aspiration(s)/biopsy(ies) And All Mediastinal And/or Hilar Lymph Node Stations or Structures and Therapeutic Intervention(s).

Covered Diagnosis Codes

C34.00	C34.01	C34.02	C34.11	C34.12
C34.30	C34.31	C34.32	C34.80	C34.81
C34.82	C34.90	C34.91	C34.92	

Non-covered Services

Electronic navigational bronchoscopy is considered experimental/investigational and, therefore, noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

References

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Folch EE, Pritchett MA, Nead MA, et al. Electromagnetic navigation bronchoscopy for peripheral pulmonary lesions: one-year results of the prospective, multicenter NAVIGATE Study. J Thorac Dis 2017;9(3):802-808.

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Atkins N, Marjara J, Kaifi J, Kunin J, Saboo S, et al. Role of computed tomography-guided biopsies in the era of electromagnetic navigational bronchoscopy: A retrospective study of factors predicting diagnostic yield in electromagnetic navigational bronchoscopy and computed tomography biopsies. Journal of Clinical Imaging Science . 2020;10(33:1-6.





POLICY UPDATE HISTORY

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