Effective 6/18/2025

Area Medical Policy

Lines Of Business All Lines of Business

Navigational Bronchoscopy

PURPOSE:

This policy addresses the circumstances where Navigational Bronchoscopy (NB) may be used as an aid in accessing peripheral lung lesions (PPLs) and masses for biopsy, when they are inaccessible by standard bronchoscopy, or when standard bronchoscopy is contraindicated. Navigational bronchoscopy has also been used as a means of placing fiducial markers. Navigational systems can be or electromagnetic (ENB), robotic (RAB), or virtual (VB).

DEFINITIONS:

Electromagnetic navigation bronchoscopy (ENB) is a minimally invasive way to access hard to reach areas of the lungs. It provides a three dimensional map of the lungs and real time information about the position of the probe during a bronchoscopy. It is currently the most common form of navigational bronchoscopy utilized. Examples of ENB systems currently available are the SPiN Thoracic Navigation System (Veran Medical Technologies) and the superDimension™ Navigation System (Medtronic).

Robotic bronchoscopy/robotic assisted bronchoscopy (RAB) — The newest form of navigational bronchoscopy uses robotic bronchoscopy (RB) platforms. Minimally invasive. The physician uses a controller and console platform to operate a robotic arm. The robotic arm is what guides the catheter through the patients lungs. Two systems in use as of implementation of this policy are the Monarch Robotic Bronchoscopy System (Auris Health, Inc.) and the Ion Robotic Bronchoscopy System (Intuitive Surgical©). The Galaxy System (Noah Medical) is pending FDA approval.

Virtual bronchoscopy (VB) is a noninvasive form of bronchoscopy that recreates the airways in a 3-D image. The images appear similar to those visualized during invasive bronchoscopy. Samples cannot be obtained by virtual bronchoscopy alone as it is noninvasive. Currently, it's primary use is to assist in

planning future procedures or as a navigational tool with conventional bronchoscopes and other biopsy equipment. The technology is not widely available and it is still being reviewed.

Peripheral lung lesion (PPL) is a pulmonary nodule located in the lung periphery. The lesion is hard to biopsy as is not visual by conventional flexible bronchoscopy. It can be solid or subsolid, benign, or malignant.

PROCEDURE:

Electromagnetic Navigational Bronchoscopy is considered medically necessary in the following instances:

- Biopsy of pulmonary lesions inaccessible by standard bronchoscopy or transthoracic approach; or
- The standard approach has failed; or
- Placement of fiducial markers who are not surgical candidates undergoing radiation therapy; or
- There is an identified lung lesion(s) and a diagnosis of co-existing cancer and further determination of the lung lesion will impact staging of the primary tumor and treatment plan.
- In cases where there is a suspicious pulmonary nodule and a more invasive diagnostic procedure would pose an unacceptable risk. I.e bullous lung disease, diffuse emphysema.

EXCLUSIONS

Artificial Intelligence (AI) Tomography with Augmented Fluoroscopic Guidance. i.e. Lung Vision™System.

Cone Beam CT augmented electromagnetic navigation (EN) - guided bronchoscopy.

Robotic bronchoscopy/robotic assisted bronchoscopy (RAB).

Transbronchial lung cryo-biopsy for improvement of diagnostic yield of digital tomosynthesis - assisted EN guided bronchoscopic biopsy.

All other indications not listed as covered above.

CODING GUIDELINES

31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance when performed; with placement of fiducial markers, single or multiple. Code also device.
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation. Add on code. Code primary procedure(s).
	Code 31627 should not be reported with codes 76376 and 76377 as code 31627 is already includes the 3-d reconstruction. Excludes 77014.
C7509	Bronchoscopy , rigid or flexible, diagnostic with cell washing(s) when performed, with computer -assisted image-guided navigation, including fluoroscopic guidance, when

	performed.
C7510	Bronchoscopy, rigid or flexible, with bronchial alveolar lavage(s), with computer-assisted image-guided navigation, including fluoroscopic guidance when performed.
C7511	Bronchoscopy, rigid or flexible, with single or multiple bronchial or endobronchial biopsy(ies), single or multiple sites, with computer-assisted image-guided navigation, including fluoroscopic guidance when performed.

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POST-PAYMENT AUDIT STATEMENT

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

DISCLAIMER

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

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All Revision Dates
6/3/2025, 9/3/2024