Medica Coverage Policy

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<th>Policy Name:</th>
<th>Electromagnetic Navigation Bronchoscopy</th>
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<td>Current Policy Effective Date:</td>
<td>5/1/2015</td>
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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, Medicaid and MinnesotaCare members, this policy will apply unless these 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 investigative and therefore NOT COVERED.

Description
Electromagnetic navigation bronchoscopy is designed to biopsy peripheral lung lesions by an endobronchial route using a real-time navigation system. Intended use is for patients who have peripheral lung lesions or patients who are not suitable surgical candidates. The i-Logic™ Electromagnetic Navigation Bronchoscopy® (ENB™) System tracks positioning of the bronchoscope tip on a three-dimensional (3-D) map of the inner lung constructed from a recent computed tomography (CT) lung scan using the i-Logic™-planning software. The endobronchial tools are specifically designed for use with the i-Logic System. The navigation system is inserted into the working channel of a bronchoscope and uses CT scanning and low frequency electromagnetic field guiding technology along with a standard steerable fiber optic camera to re-create the 3-D mapping onto previously defined anatomical landmarks. When peripheral foci are reached, an extended working channel is locked in position through which tissues samples are biopsied.

FDA Approval
The superDimension® Bronchus® endobronchial electromagnetic guidance system (superDimensions, Inc., Plymouth, MN) received initial FDA 510(k) approval in November 2004 for use in conjunction with bronchoscopy. The system was subsequently renamed inReach™ and received FDA approval as a substantially equivalent device in March 2008. The i-Logic ENB System was released in November 2009 as the second-generation superDimension/inReach system. Subsequently, Covidien, Inc. (Mansfield, MA) acquired former system manufacturer superDimensions, Inc.
Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

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

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