



Electromagnetic Navigation Bronchoscopy

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon
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Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

The diagnostic approach to lung cancer depends on lesion size, location, and the individual's clinical status. Peripheral pulmonary nodules can be difficult to access using conventional bronchoscopy or endobronchial ultrasound (EBUS), which may limit diagnostic yield.

Electromagnetic Navigation Bronchoscopy (ENB) enhances standard bronchoscopy by providing real-time, three-dimensional navigation to peripheral and central lung regions. This technology improves access to hard-to-reach lesions and enables precise guidance for biopsy or marker placement.

Current evidence supports Electromagnetic Navigation Bronchoscopy (ENB) as a first-line diagnostic option, demonstrating diagnostic accuracy comparable to transthoracic needle biopsy (TTNB) while offering a substantially lower complication rate, including markedly lower risk of pneumothorax. Electromagnetic Navigation Bronchoscopy is particularly advantageous for individuals with limited pulmonary reserve or pneumothorax risk, providing a safer and effective alternative to transthoracic needle biopsy (TTNB), when both options are available.

Criteria

Commercial

- I. PacificSource considers Electromagnetic Navigation Bronchoscopy (ENB) medically necessary when **ALL** the following criteria is met:

A. The member has a pulmonary nodule that is **EITHER**:

1. Peripheral nodule (any lobe/segment)
2. Central nodule whether or not a conventional bronchoscopy with endobronchial ultrasound (EBUS) was attempted

B. When **ANY** of the following apply:

1. For first-line diagnostic option (when both ENB and TTNB are options)
2. To minimize procedural risk (e.g., limited pulmonary reserve, emphysema, elevated pneumothorax/bleeding risk, or patient-specific safety considerations)
3. Transthoracic needle biopsy (TTNB) cannot be safely performed due to anatomic or clinical factors (e.g., emphysematous lung regions, elevated pneumothorax risk)
4. Transthoracic needle biopsy (TTNB) has been attempted but was nondiagnostic

Medicaid

PacificSource Community Solutions follows Diagnostic Guideline D14 of the Health Evidence Review Commission (HERC) Prioritized List of Health Services and the general coverage requirements, limitations, and exclusions outlined in OARs 410-141-3820, 410-141-3825, and 410-120-1200 to determine coverage of Electromagnetic Navigation Bronchoscopy.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0002 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance, including but not limited to Diagnostic Guideline D14, may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow Commercial clinical criteria above for determination of coverage and medical necessity of Electromagnetic Navigation Bronchoscopy.

Experimental/Investigational/Unproven

PacificSource considers Electromagnetic Navigation Bronchoscopy for all other indications to be experimental, investigational and/or unproven.

PacificSource considers Virtual Bronchoscopy Navigation (VBN), to be experimental, investigational and/or unproven.

Note: PacificSource Community Solutions (PCS) and PacificSource Medicare require items listed on this policy's E//U list, to be reviewed by medical necessity review guidelines. Please see related policy, "Clinical Criteria Used in UM Decisions" to review criteria hierarchy and "Medical Necessity Reviews" for determination of coverage and medical necessity guidelines.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

31627 Bronchoscopy, rigid or flexible, with computer-assisted, image-guided navigation

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Definitions

Central Pulmonary Nodule - A lesion located in the central airways or mediastinal region accessible to bronchoscopy and EBUS.

Conventional Bronchoscopy with Endobronchial Ultrasound (EBUS) - A bronchoscopy approach using ultrasound imaging to visualize structures adjacent to the bronchial wall and guide sampling of central lesions.

Electromagnetic Navigation Bronchoscopy (ENB) - A bronchoscopy technique that uses real-time, three-dimensional electromagnetic guidance to navigate to peripheral or central lung lesions for biopsy or marker placement.

Limited Pulmonary Reserve - Clinical conditions that increase procedural risk during lung biopsy, including emphysema, known risk of pneumothorax, or impaired lung function.

Peripheral Pulmonary Nodule - A lung lesion located in the outer third of the lung, often difficult to access using conventional bronchoscopy.

Transthoracic Needle Biopsy (TTNB) - A percutaneous biopsy performed using CT or imaging guidance to obtain lung tissue through the chest wall.

Virtual Bronchoscopy Navigation (VBN) - A simulated bronchoscopic pathway generated from CT imaging, used for planning but not considered equivalent to ENB technology.

Related Policies

Coding Guidelines for Claims Editing (Line-Item Bill Auditing)

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Robotic-Assisted Surgery

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Appendix

Policy Number:

Effective: 2/1/2022

Next review: 4/1/2027

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): OARs 410-120-1200, 410-141-3820, 410-141-3825, 410-151-0001, 410-151-0002, 410-151-0003; 42 CFR § 422.101(a)-(c).

OPs Approval: 2/2026