

## Electromagnetic Navigation Bronchoscopy

**Description** Electromagnetic navigation bronchoscopy is a medical procedure using electromagnetic 3-D and computed tomography (CT) technology to guide endoscopic tools or catheters through bronchial pathways to a specific location within the lung. Once positioned, instruments can be used to obtain biopsies or insert radiotherapy markers or catheters.

**See also** Similar, related, or easily confused documents.

- [Low-Dose Computed Tomography \(LDCT\) for Lung Cancer Screening](#) - Imaging that provides detailed images of the lungs during a single breath with less radiation exposure than conventional CT.

**Commercial** A Coverage Policy, *Electromagnetic Navigation Bronchoscopy*, is on [medica.com](http://medica.com).

- Quote surgical benefits. Include physician, hospital, and anesthesia benefits.
- **DOS prior to 4.21.21:** Considered investigative; not covered.

**Government Programs** Refer to the table below.

Plan	Coverage
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups:</a></p> <ul style="list-style-type: none"> <li>• Refer to <a href="#">Medicaid</a> below.</li> </ul> <p><a href="#">Medicare eligible groups:</a></p> <ul style="list-style-type: none"> <li>• Quote outpatient surgery or inpatient hospital benefits.</li> <li>• Medicare is the primary payer.</li> <li>• Follows Medicare guidelines.</li> <li>• If no Medicare eligibility, Medicaid applies. Refer to <a href="#">Medicaid</a> below.</li> </ul>

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## Electromagnetic Navigation Bronchoscopy, Continued

### Government Programs, continued

Plan	Coverage
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<ul style="list-style-type: none"> <li>• A Coverage Policy, <i>Electromagnetic Navigation Bronchoscopy</i>, is on <a href="https://medica.com">medica.com</a>.</li> <li>• Quote outpatient surgery or inpatient hospital benefits.</li> <li>• <b>DOS prior to 4.21.21</b>: Considered investigative; not covered.</li> <li>• Medica is the only payer.</li> </ul>
Advantage	<ul style="list-style-type: none"> <li>• A Coverage Policy, <i>Electromagnetic Navigation Bronchoscopy</i>, is on <a href="https://medica.com">medica.com</a>.</li> <li>• Quote outpatient surgery or inpatient hospital benefits.</li> <li>• <b>DOS prior to 4.21.21</b>: Considered investigative; not covered.</li> <li>• Medica is the only payer.</li> </ul>
Advantage PartnerCare (I-SNP)	<ul style="list-style-type: none"> <li>• A Coverage Policy, <i>Electromagnetic Navigation Bronchoscopy</i>, is on <a href="https://medica.com">medica.com</a>.</li> <li>• Quote outpatient surgery or inpatient hospital benefits.</li> <li>• <b>DOS prior to 4.21.21</b>: Considered investigative; not covered.</li> <li>• Medica is the only payer</li> </ul>
Medicaid (SPP)	<ul style="list-style-type: none"> <li>• A Coverage Policy, <i>Electromagnetic Navigation Bronchoscopy</i>, is on <a href="https://medica.com">medica.com</a>.</li> <li>• Quote surgical benefits. Include physician, hospital, and anesthesia benefits.</li> <li>• <b>DOS prior to 4.21.21</b>: Considered investigative; not covered.</li> </ul>

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## Electromagnetic Navigation Bronchoscopy, Continued

### Government Programs, continued

Plan	Coverage
Prime	<ul style="list-style-type: none"><li>• Medicare does not have a policy, Medica's Coverage Policy, <i>Electromagnetic Navigation Bronchoscopy</i>, on <a href="https://www.medicare.com">medica.com</a> applies.</li><li>• Quote outpatient surgery or inpatient hospital benefits.</li><li>• <b>DOS prior to 4.21.21</b>: Considered investigative; not covered.</li><li>• Follows Medicare guidelines.</li><li>• <b>Reminder</b>: Members can use non-Medica Service Area providers. Refer to <a href="#">Out-of-MSA Benefits</a>.</li></ul>
Select, Signature	<ul style="list-style-type: none"><li>• Quote outpatient surgery or inpatient hospital benefits.</li><li>• Medicare supplement. Medicare is the primary payer.</li><li>• Follows Medicare guidelines.</li></ul>

### Individual and Family Business (IFB)

A Coverage Policy, *Electromagnetic Navigation Bronchoscopy*, is on [medica.com](https://www.medicare.com).

- Quote surgical benefits. Include physician, hospital, and anesthesia benefits.
- **DOS prior to 4.21.21**: Was investigative; not covered.

### Medica Health Plan Solutions (MHPS)

A Coverage Policy, *Electromagnetic Navigation Bronchoscopy*, is on [medica.com](https://www.medicare.com).

- Quote surgical benefits. Include physician, hospital, and anesthesia benefits.
- **DOS prior to 4.21.21**: Was investigative; not covered.

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## Electromagnetic Navigation Bronchoscopy, Continued

### Document history

The document history for the past 12 months is outlined below. See Iris/KN for the complete document history.

Date	Description
5.5.21	BIC re-review.

### Applicability

<b>Business Segments</b>		
<input checked="" type="checkbox"/> All <input type="checkbox"/> AHP <input type="checkbox"/> COM- (All) <input type="checkbox"/> GOVT- (All) <input type="checkbox"/> IFB <input type="checkbox"/> MHPS <input type="checkbox"/> PSC		
<b>Specific Clients/Products</b>		
<input checked="" type="checkbox"/> All <input type="checkbox"/> Other:		
<b>Platform or System</b>		
<input type="checkbox"/> All <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Other:		
<b>Departments</b>		
<input checked="" type="checkbox"/> Call Center <input type="checkbox"/> Multiple: <input type="checkbox"/> Other:		
<b>Approved By</b>	<b>Document Owner</b>	<b>Date</b>
A-Z Review Team	KNTWs	5.5.21