



Medical Coverage Policy

SAHP	IHP	SGC	LGC	SC	ADMIN
X	X	X	X	X	

SHPMCP-015 Computer Assisted Surgical Navigational Procedure

Effective Date: 02/14/2018

Last Revision/Review Date: 10/01/15

Dissemination Date: 02/27/18

Required Review Date: 02/14/2020

DISCLAIMER

This Samaritan Health Plans (SHP) Medical Coverage Policy is intended to facilitate the Utilization Management process. It expresses Samaritan Health Plan's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Samaritan Health Plans) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this Samaritan Health Plans Medical Coverage Policy (SHPMCP) document and provide the directive for all Medicare members.

Samaritan Health Plan Medical Coverage Policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

BACKGROUND

Recent Advances in technology have led to numerous advances in imaging technology, more specifically for the purposes of this policy, imaging as related to surgical procedures. This SHPMCP is intended to cover those uses of stereotactic computer assisted volumetric and/or navigational procedures which could correctly be identified by use of CPT codes 61781, 61782 and 61783 (add-on codes), recognized for payment by Medicare, when their use is considered medically reasonable and necessary. An add-on code is a HCPCS/CPT code that describes a service that is always performed in conjunction with another primary service. An add-on code is eligible for payment only if it is reported with an appropriate primary procedure performed by the same practitioner. An add-on code is never eligible for payment if it is the only procedure reported by a practitioner.

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POLICY

I. Guidelines

- A. Payment is limited to CPT codes 61781, 61782, and 61783 for any one or more of the following indications:
 - i. Where there is clinical data to support its use
 - ii. When used in conjunction with most intracerebral procedures, excluding routine shunt procedures.
 - iii. When used for the following extracranial otorhinolaryngological/head and neck procedures:
 - I. Revision endoscopic sinus surgery
 - II. Frontal or sphenoid sinus surgery when there is documented loss of or altered anatomic and marks, congenital deformities or severe trauma
 - III. Significantly distorted sinus anatomy of developmental, postoperative or traumatic origin
 - IV. Extensive sino-nasal polyposis of sufficient severity to create a need for the precision localization and navigation assistance
 - V. Pathology involving the frontal, posterior ethmoid or sphenoid sinuses
 - VI. Disease abutting the skull base, orbit, optic nerve or carotid artery
 - VII. Lateral skull base surgery where navigational planning and assistance is required
 - VIII. CSF rhinorrhea or conditions where there is a skull base defect
 - IX. Trans-sphenoid surgery
 - X. Benign and malignant sino-nasal neoplasms of sufficient size or high-risk location
- B. Use of CPTs 61781, 61782, and 61783 with 20985, 0054T and 0055T or other such CPT codes have been determined to be NOT appropriate in cases where screws and/or other hardware are applied to the spine. All spinal procedures will be considered inappropriate for its separate payment, due to the lack of compelling literature support, and such claims will be denied as not proven effective.
- C. In addition, there is currently no convincing literature to support the use of any other clinically available devices for use in performing joint replacement surgery, either knee or hip. Though it does appear that the technology allows arguably more precise positioning of the joint replacement hardware there is no long term data supporting the assertion that this improves patient outcomes or long term viability of the repair as compared to traditional methods of performing these



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procedures. Therefore CPT codes 20985, 0054T and 0055T, or other such CPT codes will be denied as not proven effective.

II. Documentation Guidelines

- A. When medically reasonable and necessary, the use of a stereotactic guidance system may be reported in addition to the intracranial (primary) procedure code.
- B. The use of a stereotactic guidance system may be reported in addition to the endoscopic sinus (primary) surgery code and lateral skull base procedures in appropriately select cases to provide localization and navigation around high-risk anatomical areas when there is documentation of both medical necessity and the required pre-planning activities.
- C. When codes 61781, 61782, and 61783 are billed in conjunction with any of the primary CPT codes, it is expected that documentation will demonstrate both the added work involved in the use of this procedure and the medical necessity for its use when done in conjunction with the primary surgery performed. Failure to document both the description of the use of the stereotactic procedure and the medical necessity for its use may result in denial of claims for CPT codes 61781, 61782 and 61783.
- D. Documentation must substantiate the high-risk clinical circumstances requiring the precision localization and navigation assistance which the computer guidance provides. Documentation of the pre-planning activities should also provide evidence the procedure has included the work described in the CPT reference note above.
- E. As a logical extension of the advice in the preceding paragraphs, CPT codes 61781, 61782 and 61783 are not separately reportable if it is just used for intraoperative localization. The physician must not report the use of image-guided technology for the navigation system used as a routine part of any surgery.
- F. The medical record must be made available to SHP upon request. When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act. When requesting a written redetermination, providers must include all relevant documentation with the request.



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REFERENCES

1. Medicare Local Coverage Determination (LCD) for Stereotactic Computer Assisted Volumetric and/or Navigational Procedures (L29586 Retired 9/30/15)
1. Hip Pelvis. 2017 Mar;29(1):1-14. doi: 10.5371/hp.2017.29.1.1. Epub 2017 Mar. The Evolution of Computer-Assisted Total Hip Arthroplasty and Relevant Applications.Chang JD¹, Kim IS¹, Bhardwaj AM¹, Badami RN¹.
2. Knee. 2012 Aug;19(4):237-45. doi: 10.1016/j.knee.2011.10.001. Epub 2011 Nov 29.Little clinical advantage of computer-assisted navigation over conventional instrumentation in primary total knee arthroplasty at early follow-up.Cheng T¹, Pan XY, Mao X, Zhang GY, Zhang XL.

Required Review Date: 02/14/2020			
Revision #	Approved By / Date	Policy Owner Approved / Date	Revision Description
1	10/01/15	Chief Medical Officer	This guideline replaces LCD L29586 Retired 9/30/15
2			Removed purpose statement and replaced with Background.
3	02/14/18	Quality Improvement Committee	Disclaimers added