Local Coverage Determination (LCD): Stereotactic Computer Assisted Volumetric &/or Navigational Procedure (L35133)

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Contractor Information

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<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
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<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01112 - MAC B</td>
<td>California - Northern</td>
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<td>01212 - MAC B</td>
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<td>A and B MAC</td>
<td>01312 - MAC B</td>
<td>Nevada, Northern Mariana Islands</td>
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LCD Information

Document Information

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<tr>
<th>LCD ID</th>
<th>Original Effective Date</th>
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<td>L35133</td>
<td>For services performed on or after 10/01/2015</td>
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<td>Stereotactic Computer Assisted Volumetric &amp;/or Navigational Procedure</td>
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CMS National Coverage Policy Title XVIII of the Social Security Act, 1862(a)(1)(A). Allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Title XVIII of the Social Security Act, 1833(e). Prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Recent advances in technology have led to numerous advances in imaging technology, more specifically for the purposes of this LCD, imaging as related to surgical procedures. This LCD is intended to cover those uses of this computer assistance which could correctly be identified by the use of CPT 61795, an add-on code which is recognized for payment by Medicare when its use is considered medically reasonable and necessary.

This A/B MAC has followed the progression of the use of this technology closely. There is literature available describing the various proprietary devices and techniques, as well as of multiple applications. Unfortunately, there is a dearth of well-designed clinical literature demonstrating the medical effectiveness of this technology for many of the described and marketed applications. For that reason, this A/B MAC proposes to limit payment for this add-on code to those applications where there exists clinical data to support its use. All other applications will be denied payment. We propose to cover this code when used in conjunction with most intracerebral procedures - but not routine shunt procedures. We also anticipate coverage when used with the following extracranial otorhinolaryngological/head & neck procedures (this list is based on a 2003 statement by the American Academy of Otolaryngology-Head and Neck Surgery.). For further information, see item #9 in Sources of Information and Basis for Decision below.

1. Revision endoscopic sinus surgery
2. Frontal or sphenoid sinus surgery when there is documented loss of or altered anatomic landmarks, congenital deformities or severe trauma
3. Significantly distorted sinus anatomy of developmental, postoperative or traumatic origin
4. Extensive sino-nasal polyposis of sufficient severity to create a need for the precision localization and navigation assistance
5. Pathology involving the frontal, posterior ethmoid or sphenoid sinuses
6. Disease abutting the skull base, orbit, optic nerve or carotid artery
7. Lateral skull base surgery where navigational planning and assistance is required
8. CSF rhinorrhea or conditions where there is a skull base defect
9. Transsphenoidal surgery
10. Benign and malignant sino-nasal neoplasms of sufficient size or high-risk location

Use of CPT 61783 and 20985, 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. To date, we have seen no such compelling literature.
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 procedures. Therefore, CPT code 20985 will be denied as not proven effective.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x Not Applicable

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999 Not Applicable

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

- 20985 COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES, IMAGE-LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- 61781 STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- 61782 STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
- 61783 STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: When documentation establishes the procedure to be medically reasonable and necessary, where CPT code 61781 or 61782 is used as an add-on code with CPT codes 61518-61521; 61526-61530; 61541; 61545-61548; 61680-61702, all appropriate diagnoses for the primary procedures with which 61781 or 61782 is billed as an add-on code will be allowed.

Group 1 Codes:

ICD-10 Codes Description

XX000 Not Applicable

General Information

Associated Information
N/A

Sources of Information and Basis for Decision


Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

<table>
<thead>
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<th>Revision History Explanation</th>
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<td>R1</td>
<td>The following information was added to the ICD-10 Codes that Support Medical Necessity section: When documentation establishes the procedure to be medically reasonable and necessary, where CPT code 61781 or 61782 is used as an add-on code with CPT codes 61518-61521; 61526-61530; 61541; 61545-61548; 61680-61702, all appropriate diagnoses for the primary procedures with which 61781 or 61782 is billed as an add-on code will be allowed.</td>
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