

**Contractor Name**

Wisconsin Physicians Service (WPS)

**Contractor Number**

**Contractor Type**

Carrier

**LCD Database ID Number**

L27544

**LCD Version Number**

**LCD Title**

Stereotactic Computer Assisted Volumetric and/or Navigational Procedure

**Contractor's Determination Number**

GSURG-050

**AMA CPT/ ADA CDT Copyright Statement**

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**CMS National Coverage Policy**

Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

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

**Primary Geographic Jurisdiction**

Wisconsin, Illinois, Michigan, Minnesota

**Oversight Region**

**CMS Consortium**

Midwest

**Original Determination Effective Date**

11/16/2008

**Revision Effective Date**

**Indications and Limitations of Coverage 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 stereotactic computer assisted volumetric and or navigational procedures which could

correctly be identified by the use of CPT 61795, an add-on code, recognized for payment by Medicare, when its use is considered medically reasonable and necessary.

Payment is limited to CPT code 61795 for any one or more of the following indications;

1. Where there is clinical data to support its use.
2. When used in conjunction with most intracerebral procedures, excluding routine shunt procedures.
3. When used for the following extracranial otorhinolaryngological/head and neck procedures;
  - a. Revision endoscopic sinus surgery
  - b. Frontal or sphenoid sinus surgery when there is documented loss of or altered anatomic landmarks, congenital deformities or severe trauma
  - c. Significantly distorted sinus anatomy of developmental, postoperative or traumatic origin
  - d. Extensive sino-nasal polyposis of sufficient severity to create a need for the precision localization and navigation assistance
  - e. Pathology involving the frontal, posterior ethmoid or sphenoid sinuses
  - f. Disease abutting the skull base, orbit, optic nerve or carotid artery
  - g. Lateral skull base surgery where navigational planning and assistance is required
  - h. CSF rhinorrhea or conditions where there is a skull base defect
  - i. Transsphenoidal surgery
  - j. Benign and malignant sino-nasal neoplasms of sufficient size or high-risk location

Use of CPT 61795 with 20986, 20987, 20985 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. 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 codes 20986, 20987, 20985 or other such CPT codes will be denied as not proven effective.

### Coverage Topic

Surgical Services

### CPT/HCPCS Codes

61795	Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (list separately in addition to code for primary procedure)
20985	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, image-less (list separately in addition to code for primary procedure)
20986	Computer-assisted musculoskeletal surgical navigational for musculoskeletal procedures, with image-guidance based on intra-operatively obtained images (e.g. fluoroscopy, ultrasound)(list separately in addition to code for primary procedure)
20987	Computer-assisted surgical navigational procedure, with image-guidance based on pre-operative images (list separately in addition to code for primary procedure)

0054T, 0055T and 0056T were deleted 01/01/2008 and replaced with CPT codes 20985, 20986, and 20987 respectively.

**Does the CPT 30% Rule Apply**

No

**ICD-9 Codes that Support Medical Necessity**

*Note: ICD-9 codes must be coded to the highest level of specificity.*

XX000	Not Applicable
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**Diagnoses that Support Medical Necessity**

N/A

**ICD-9 Codes that DO NOT Support Medical Necessity**

N/A

**Diagnoses that DO NOT Support Medical Necessity**

N/A

**Documentation Requirements**

When medically reasonable and necessary, the use of a stereotactic guidance system may be reported in addition to the intracranial procedure codes that fall within the range of CPT codes 61518-61521; 61526-61530; 61541; 61545-61548; 61680-61702.

The use of a stereotactic guidance system may be reported in addition to the endoscopic sinus surgery codes that fall within the range 31255-31294 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** the medical necessity and the required pre-planning activities.

When code 61795 is billed in conjunction with any of the above-listed codes noted in the **Documentation Requirements** section of this LCD, 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 61795. The following paragraph, from an article in CPT Assistant, November 1999, Volume 8, Issue 11, Page 30, regarding the use and documentation of this code, may be of help in determining whether acceptable criteria exist in any given case to support the billing of CPT 61795:

*This planning may take approximately one to two hours and includes determination of the coordinates for the target, measurement of the AC-PC line, and angle calculation. (Emphasis added). Using a computer, various trajectories are determined to assist the physician in choosing the specific trajectory and calculating the entry point (which in the case of some of these procedures is) through the skull.*

While the last two sentences quoted above describe the use of this technology for intracranial procedures, the same additional planning and time would be expected when this technique is used and billed for extracranial or spinal stereotactic procedures.

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 noted above.

As a logical extension of the advice in the preceding paragraphs, Code 61795 is 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.

The medical record must be made available to Medicare upon request.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

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 (formerly appeal), providers must include all relevant documentation with the request.

**Utilization Guidelines**

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review.

**Sources of Information and Basis for Decision**

LCDs developed by other Medicare Carriers

**Meeting Date:**

Wisconsin	05/23/2008
Illinois	05/21/2008
Michigan	05/07/2008
Minnesota	05/29/2008

**Start Date of Comment Period**

Wisconsin	05/30/2008
Illinois	05/30/2008
Michigan	05/30/2008
Minnesota	05/30/2008

**End Date of Comment Period**

Wisconsin	09/03/2008
Illinois	09/03/2008
Michigan	09/03/2008
Minnesota	09/03/2008

**Start Date of Notice Period**

(Published)

Wisconsin, Illinois, Michigan,	*12/01/2008, Article; 10/01/2008, Article
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**Revision History Number/Explanation**

Wisconsin, \*12/01/2008, Deleted, statement “when billed with CPT code 61795” from  
Illinois, Michigan, sentence that read “Therefore, CPT codes 20986, 20987, 20985 or other such CPT  
Minnesota codes will be denied as not proven effective, when billed with CPT code 61795.”  
Effective 11/16/2008 (one)

**Last Reviewed On**

11/01/2008

**Notes**

\* - An asterisk indicates a revision to that section of the policy.

Requests for reconsideration must be accompanied by complete copies of relevant peer-reviewed literature that support the recommendation.

This policy is subject to the reasonable and necessary guidelines and the limitation of liability provision.

**Does this LCD contain a "Least Costly Alternative" Provision?**

No

**LCD Attachments**

There are no attachments for this LCD.

This policy does not reflect the sole opinion of the contractor or the Contractor Medical Director(s). Although the final decision rests with the contractor, this policy was developed in cooperation with the Carrier Advisory Committee(s), which include representatives of various medical specialty societies.