FEP Medical Policy Manual

FEP 7.01.96 Computer-Assisted Navigation for Orthopedic Procedure

Effective Date: April 15, 2017
Related Policies: None

Computer-Assisted Navigation for Orthopedic Procedure

Description
Computer-assisted navigation (CAN) in orthopedic procedures describes the use of computer-enabled tracking systems to facilitate alignment in a variety of surgical procedures, including fixation of fractures, ligament reconstruction, osteotomy, tumor resection, preparation of the bone for joint arthroplasty, and verification of the intended implant placement.

FDA REGULATORY STATUS
Because computer-assisted navigation (CAN) is a surgical information system in which the surgeon is only acting on the information that is provided by the navigation system, surgical navigation systems generally are subject only to 510(k) clearance from the U.S. Food and Drug Administration (FDA). As such, FDA does not require data documenting the intermediate or final health outcomes associated with CAN. (In contrast, robotic procedures, in which the actual surgery is robotically performed, are subject to the more rigorous requirement of the premarket approval application process.)

A variety of surgical navigation procedures have cleared for marketing by FDA through the 510(k) process with broad labeled indications. The following is an example:

“The OEC FluoroTrak 9800 Plus provides the physician with fluoroscopic imaging during diagnostic, surgical and interventional procedures. The surgical navigation feature is intended as an aid to the surgeon for locating anatomical structures anywhere on the human body during either open or percutaneous procedures. It is indicated for any medical condition that may benefit from the use of stereotactic surgery and which provides a reference to rigid anatomical structures such as sinus, skull, long bone or vertebra visible on fluoroscopic images.”

Several navigation systems (eg, PiGalileo™ Computer-Assisted Orthopedic Surgery System, PLUS Orthopedics; OrthoPilot® Navigation System, Braun; Navitrack® Navigation System, ORTHOsoft) have received FDA clearance specifically for total knee arthroplasty. FDA-cleared indications for the PiGalileo™ system are representative. This system “is intended to be used in computer-assisted orthopedic surgery to aid the surgeon with bone cuts and implant positioning during joint replacement. It provides information to the surgeon that is used to place surgical instruments during surgery using anatomical landmarks and other data specifically obtained intraoperatively (eg, ligament tension, limb alignment). Examples of some surgical procedures include but are not limited to:

- Total knee replacement supporting both bone referencing and ligament balancing techniques
- Minimally invasive total knee replacement.”

FDA product code: HAW.
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In 2013, the VERASENSE™ Knee System (OrthoSensor) and the iASSIST™ Knee (Zimmer) were cleared for marketing by FDA through the 510(k) process. FDA product codes: ONN, OLO.

POLICY STATEMENT

Computer-assisted surgery for orthopedic procedures of the pelvis and appendicular skeleton is considered investigational.

BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

RATIONALE

Summary of Evidence

For individuals who are undergoing orthopedic surgery for trauma or fracture, ligament reconstruction, hip arthroplasty and periacetabular osteotomy, or total knee arthroplasty who receive computer-assisted navigation (CAN), the evidence includes randomized controlled trials (RCTs) and nonrandomized comparative studies. Relevant outcomes are symptoms, morbid events, and functional outcomes. Overall, the literature supports a decrease in variability of alignment with CAN, particularly with respect to the number of outliers. Although some observational data have suggested that malalignment may increase the probability of early failure, recent RCTs with short- to mid-term follow-up have not shown improved clinical outcomes with CAN. Given the low short-term revision rates associated with conventional procedures and the inadequate power of the available studies to detect changes in function using CAN, studies are needed that assess health outcomes using CAN in a larger number of subjects with longer follow-up to permit greater certainty on the impact of this technology. The evidence is insufficient to determine the effects of the procedure on health outcomes.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

No guidelines or statements were identified.

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

There is no national coverage determination (NCD). In the absence of an NCD, coverage decisions are left to the discretion of local Medicare carriers.

REFERENCES


The policies contained in the FEP Medical Policy Manual are developed to assist in administering contractual benefits and do not constitute medical advice. They are not intended to replace or substitute for the independent medical judgment of a practitioner or other health care professional in the treatment of an individual member. The Blue Cross and Blue Shield Association does not intend by the FEP Medical Policy Manual, or by any particular medical policy, to recommend, advocate, encourage or discourage any particular medical technologies. Medical decisions relative to medical technologies are to be made strictly by members/patients in consultation with their health care providers. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that the Blue Cross and Blue Shield Service Benefit Plan covers (or pays for) this service or supply for a particular member.
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