

Commercial Reimbursement Policy

Subject: Technology Assisted Surgical Procedures - Professional and Facility

Policy Number: C-21008

Policy Section: Surgery

Last Approval Date: 06/03/2025

Effective Date: 08/01/2023

Disclaimer

These reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a member's benefit plan. The determination that a service, procedure, or item is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must also meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis, as well as to the member's state of residence.

Ensure that you use proper billing and submission guidelines, including industry-standard, compliant codes on all claim submissions. Services should be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes. These codes denote the services and/or procedures performed and when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. We strive to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date, in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the website.

Policy

The Health Plan does not allow separate or additional reimbursement for the use of technology assisted surgical procedures unless provider, state, or federal contracts and/or requirements indicate otherwise.

Technology assisted surgical procedures consist of both robotic surgical systems, and computer-assisted surgical systems.

This policy applies to both professional and facility providers.

Technology assisted surgical procedures below in the Related Coding section are considered integral to the primary surgical procedure and is included in the primary surgical procedure. Reimbursement will be based on the payment for the primary surgical service(s) regardless of any instruments, supplies, techniques, or approach used in a procedure or increase in operating room use.

Related Coding

Code	Description	Comments
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	This code is not reimbursable.
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	This code is not reimbursable
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	This code is not reimbursable
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	This code is not reimbursable

Policy History

06/03/2025	Review approved: no changes
02/22/2023	Review approved 02/22/2023 and effective 08/01/2023: renamed policy title to Technology Assisted Surgical Procedures; updated policy language to include technology assisted surgical procedures and computer assisted surgical systems; added codes 0054T, 0055T, and 20985 to the Related Coding section; updated Definitions section.
06/17/2021	Initial policy approval and effective 06/17/2021: Expanded existing facility policy to both professional and facility providers. Added S2900 to Related Coding section, and updated Definition section. Removed S2900 from Bundled Services (C-08003); Retired Robotic Assisted Surgery facility policy (C-12007)

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- Optum EncoderPro 2025
- U.S. Food and Drug Administration (FDA)

Definitions

Technology Assisted Surgical Navigation	The use of computer and software technology to control and move instruments through one or more tiny incision in the patient's body for a variety of surgical procedures. Robotic Assisted Surgery is one type of computer assisted surgical systems that are used for pre-operative planning, surgical navigation, and surgical procedure performance.
General Reimbursement Policy Definitions	

Related Policies and Materials

None

Use of Reimbursement Policy

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over Reimbursement Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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