

Reimbursement Policy	
Title: Technology Assisted Surgical Techniques	
Policy Number: RP-P-340X	Application: All Medica Members except for: <ul style="list-style-type: none"> • Medicare Members • Medicaid Members
Last Reviewed: 10/12/2023	Effective Date: 03/14/2010
Related Policies: Add-On Code ; Increased Procedural Services	

Disclaimer: This reimbursement policy is intended to provide general guidance regarding Medica’s policy for the services described and does not constitute a guarantee of payment. You are responsible for submitting accurate claims. Factors affecting claims reimbursement may include, but are not limited to, state and federal laws, regulations and accreditation requirements, along with administrative services agreements, provider contracts, and benefit coverage documents. Coding methodology and industry standards are also considered in developing reimbursement policy.

Medica routinely updates reimbursement policies, and new versions are published on this website. If you print a copy of this policy, please be aware that the policy may be updated later, and you are responsible for the information contained in the most recent online version. Medica communicates policy updates to providers via Medica’s monthly e-newsletter, Medica Connections®, as well as through Medica Provider Alerts.

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Summary:
This policy addresses reimbursement for the use of technology assisted surgical techniques during surgical procedures; robotic-assisted surgery and computer assisted surgery.

Policy Statement:

Robotic-assisted surgery enhances the performance of surgical techniques by allowing the surgeon to view the operative field via a terminal and to manipulate robotic surgical instruments via a control panel. Computer-assisted surgical navigation is used during procedures in which direct visibility is limited. These surgical procedures include, but are not limited to, fixation of fractures, ligament reconstruction, osteotomy, tumor resection, preparation of the bone for joint arthroplasty (knee and hip), and verification of intended implant placement. Imageless computer assisted surgery does not require preoperative imaging scans such as computed tomography (CT) or magnetic resonance imaging (MRI) because all data are registered intraoperatively.

Medica considers robotic-assisted surgery and computer-assisted surgical navigation as an integral part of the primary procedure and not a separately reimbursable service. Therefore, Medica will deny codes S2900, 20985, 0054T, and 0055T when billed on a CMS 1500 claim form or the electronic equivalent.

In addition, it is not appropriate to bill modifier 22 (Increased Procedural Services), if used solely to report robotic or computer assisted surgical navigations. Technology assisted surgical techniques do not qualify a procedure for additional reimbursement. Modifier 22 may only be used when substantial



additional work is performed during the procedure that is unrelated to, or in conjunction with, robotic or computer assisted navigation.

See the *Increased Procedural Services* reimbursement policy to learn more about the use of modifier 22.

See the *Add-On Code* reimbursement policy to learn more about the reporting of add-on service.

Modifiers:	
22	Increased Procedural Services

Code List:	
S2900	Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure)
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)
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)

Resources:	
Centers for Medicare and Medicaid Services (CMS)	
Current Procedural Terminology (CPT®)	
Healthcare Common Procedure Coding System (HCPCS)	
National Physician Fee Schedule (NPFs)	

Effective Date:	03/14/2010
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Revision Updates:	
10/12/2023	Annual Policy Review
08/05/2022	Annual Policy Review, Product Exclusion/Exception & Enhancement
12/01/2020	System Updated
08/17/2020	Annual Policy Review & Policy Enhancement
08/22/2019	Annual Policy Review