

Title	Robotic Surgical System and Computer Assisted Navigation Codes (S2900, 20985, 0054T and 0055T)		
Number	CP.PP.397.v1.7		
Last Approval Date	05/14/24	Original Effective Date	07/24/15
Replaces	N/A		
Cross Reference	<i>Modifier 22 – Increased Procedural Services</i>		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the Plan's professional and facility services claims coding policies. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define Plan limitations on robotic surgical system and computer-assisted navigation codes that are submitted on a CMS 1500 paper claim or 837P electronic claim form or that are submitted on a UB-04/CMS-1450 paper claim form or an 837I electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products. Medicare Advantage products are not subject to this policy.
Policy	<p>Robotic surgical system services and computer-assisted navigation for musculoskeletal surgical services are techniques used to perform the main surgical procedure and not a separate service. These techniques are represented by codes S2900, 20985, 0054T, and 0055T, all of which are add-on codes.</p> <p>As such, when these add-on codes are billed, the robotic surgical system code and the computer-assisted navigation codes are considered bundled/included as part of the primary surgical procedure and not separately reimbursable, whether billed separately or in conjunction with a primary procedure.</p> <p>Appending Modifier 22-<i>Increased Procedural Services</i> to a surgical code for the sole purpose of representing the use of robotic or computer-assisted surgical techniques does not warrant nor guarantee additional payment. Submission of medical records are required for clinical review to determine if increased procedural services are supported in the documentation to warrant additional reimbursement.</p>
Codes/Coding Guidelines	<p>Robotic surgical system services and computer assisted navigation for musculoskeletal surgical services include the following HCPCS or CPT codes:</p> <ul style="list-style-type: none"> • +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)

	<ul style="list-style-type: none"> • +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) <p>NOTE: + = Denotes an add-on code which must be billed with an appropriate primary procedure</p>														
Violations of Policy	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined in Plan’s sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>														
Exceptions	None														
Laws, Regulations & Standards	None														
References	<ul style="list-style-type: none"> • American Medical Association’s Current Procedural Terminology (AMA/CPT), Professional Edition codebook • Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) 														
Policy Owner Review	Payment Integrity Oversight Committee														
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.														
Annual Review Dates	05/14/24; 12/13/23; 01/17/23; 02/10/22; 02/25/21; 03/05/20; 03/15/19; 03/29/18; 06/13/17; 06/26/16; 07/24/15														
Version History	<table border="1"> <tr> <td>03/29/18</td> <td>Provided clarification on the codes in the first paragraph in the POLICY section; created news section CODES/CODING GUIDELINES and moved the codes and descriptions into the new section</td> </tr> <tr> <td>03/15/19</td> <td>Annual review; no changes</td> </tr> <tr> <td>03/05/20</td> <td>Effective with claim process dates July 15, 2020, and after, policy criteria will be formally applied to facility claims</td> </tr> <tr> <td>02/25/21</td> <td>Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P electronic claim forms and to facility services billed on a UB-04/CMS-1450 paper claim form or 837I electronic claim form.</td> </tr> <tr> <td>02/10/22</td> <td>Deleted the paragraph indicating the policy applies to Facility claims as that is stated in the Purpose section of the policy.</td> </tr> <tr> <td>01/17/23</td> <td>Annual review; no changes</td> </tr> <tr> <td>12/13/23</td> <td>Annual review; no changes</td> </tr> </table>	03/29/18	Provided clarification on the codes in the first paragraph in the POLICY section; created news section CODES/CODING GUIDELINES and moved the codes and descriptions into the new section	03/15/19	Annual review; no changes	03/05/20	Effective with claim process dates July 15, 2020, and after, policy criteria will be formally applied to facility claims	02/25/21	Clarified the Purpose statement to indicate that the policy pertains to Professional services billed on a CMS-1500 or 837P electronic claim forms and to facility services billed on a UB-04/CMS-1450 paper claim form or 837I electronic claim form.	02/10/22	Deleted the paragraph indicating the policy applies to Facility claims as that is stated in the Purpose section of the policy.	01/17/23	Annual review; no changes	12/13/23	Annual review; no changes
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	05/14/24	Added the last paragraph in the Policy section which states that appending modifier 22 to the surgical procedure to represent the use of robotic or computer assisted surgical techniques is not a guarantee of additional payment.
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