Reimbursement Policy	
Subject: **Technology Assisted Surgical Procedures**	
Policy Number: **G-10004**	Policy Section: **Surgery**
Last Approval Date: **02/22/2023**	Effective Date: **11/01/2023**

**** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to **https://providers.anthem.com/in**. ****

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield (Anthem) if the service is covered by Hoosier Healthwise, Healthy Indiana Plan, and Hoosier Care Connect. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry-standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

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

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

Anthem reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.

Anthem reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

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Policy

Anthem does not allow separate or additional reimbursement for the use of technology assisted surgical procedures unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Technology assisted surgical procedures consist of both robotic surgical systems and computer assisted surgical systems.

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

Related Coding

Policy Section	Code(s)	Comments
S2900	Surgical techniques requiring the use of a 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

Policy History

02/22/2023	Review approved 02/22/2023 and effective 11/01/2023: renamed policy title to *Technology Assisted Surgical Procedures* from *Robotic Assisted Surgery*; updated policy language to include technology assisted surgical procedures and computer assisted surgical systems; added codes 0054T and 0055T to the Related Coding section; updated Definitions section
06/16/2021	Review approved: No policy language changes, added reference to both professional and facility; added S2900
07/29/2019	Review approved and effective: Policy language restructured
10/26/2017	Review approved: Policy template updated

05/14/2015	Review approved and effective: Policy language updated; Background section updated; Definitions section updated; Related policies section updated
02/01/2015	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid agencies
- State contract
- Optum EncoderPro 2023
- 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 incisions in the patient's body for a variety of surgical procedures. *Robotic Assisted Surgery* is one type of computer assisted surgical system that is used for pre-operative planning, surgical navigation, and surgical procedure performance.
General Reimbursement Policy Definitions	

Related Policies and Materials

None