

Wisconsin | Anthem Blue Cross and Blue Shield | BadgerCare Plus and Medicaid Supplemental Security Income (Medicaid SSI) programs

Reimbursement Policy

Technology Assisted Surgical Procedures

Policy Number: G-10004

Policy Section: Surgery

Last Approval Date: 9/11/2025

Effective Date: 9/1/2023

Visit our provider website for the most current version of the reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://anthem.com/wi/provider>.

Policy

The health plan does not allow separate or additional reimbursement for the use of technology assisted surgical procedures unless care 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

- 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

Technology Assisted Surgical Procedures

Page 2 of 3

- 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

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

References and Research Materials

This policy has been developed through consideration of the following:

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

Policy History

- 09/11/2025 - Review approved: no changes
- 06/22/2023 - Review approved 06/22/2023 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: Modifier language removed; Background section updated; Definitions section updated; Related policies section updated
- 07/01/2014 - Initial approval and effective

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 Procedural 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.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

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.