



Surgery: Computer-Assisted / Robotic

Reimbursement Policy

Policy

Health Options does not provide additional reimbursement regardless of instruments, supplies, techniques, or approach used in a procedure. Such matters are left to the discretion of the surgeon where use of technology is integral or optional in a surgical procedure. Computer-assisted navigation and robotic surgery are considered integral to the primary procedure and not separately reimbursed.

The following list of procedure codes are provided for reference purposes only and may not be all-inclusive:

Code	Description
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)
0396T	Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (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)
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)
S2900	Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure)

Reimbursement is subject to claim editing policies, member benefits or certificate of coverage, eligibility, prior authorization requirements, state legislature, and federal regulations which include the Food and Drug Administration (FDA).

Document Publication History

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This policy provides information on Community Health Options' claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable, adherence to plan policies and procedures, and claims editing logic. Community Health Options reserves the right to amend a payment policy at its discretion. Policies are enforced unless underpinning direction stated otherwise.