

PAYMENT REIMBURSEMENT POLICY

Title: PRP-07 Technology Assisted Surgical Procedures

Category: Compliance

Effective Date: 10/10/2024

1. Guidelines:

This policy applies to all network and non-network physicians and other qualified health care professionals, including but not limited to percent of charge contract physicians and other qualified health care professionals. This policy does not guarantee benefits or solely determine reimbursement. Benefits are determined and/or limited by an individual member's benefit coverage document (COC, SPD, etc.). The Health Plan reserves the right to apply clinical edits to all medical claims through coding software and accuracy of claim submission according to industry billing standards. Clinical edits are derived from nationally recognized billing guidelines such as the Centers for Medicare and Medicaid Services (CMS), National Correct Coding Initiative (NCCI), the American Medical Association (AMA), and specialty societies. UM Health Plan may leverage the clinical rationale of CMS or other nationally sourced edits and apply this rationale to services that are not paid for through CMS, but which are covered by the Plan to support covered benefits available through one of the Plan's products. Prior approval does not exempt adherence to the following billing requirements. The provider contract terms will take precedence if there is a conflict between this policy and the provider contract.

2. Description:

The policy applies to the reporting of robotic and computer-assisted surgical techniques in addition to surgical procedures.

3. Policy:

UM Health Plan does not provide separate or additional reimbursement for the use of technology-assisted surgical procedures. It is the surgeon's discretion as to the technology or approach applied to a surgical procedure. Technology-assisted surgical procedures consist of both robotic surgical systems and computer-assisted surgical systems that are integral to the primary procedure and are not representative of the surgical procedure performed.

The allowable reimbursement for procedures where robotic and/or computer-assisted surgery/navigation is used will be based on the contracted rate or usual customary fee for the base procedure. Use of an unlisted procedure code to indicate robotic and/or computer-assisted surgery/navigation instead of the designated CPT® codes for the procedure is considered inappropriate coding and will result in a service denial.

Modifier 22 - Increased procedural service

- Application of this modifier to a procedure for the sole purpose of reporting surgical techniques is inappropriate

Modifier 59 - Distinct procedural service

- Application of this modifier will not bypass denial of service as not eligible for reimbursement.

4. Coding and Billing:

When these CPT codes are reported the claim line will be returned with denial 591 Proc/Rev Code Not Eligible for Reimbursement.

Not Separately Reimbursed Services*	
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)
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)

*

This list may be updated periodically to include new CPT codes for emerging technologies that fall within the scope of this policy.

5. Documentation Requirements:

Documentation of services must follow the general principles of medical record keeping based on CMS and Physician's Health Plan Guidelines. Documentation requirements may vary based on the services provided.

- Documentation must be complete and legible.
- Avoid handwritten acronyms that may not be industry standard, or shorthand terms used by the office and may be unclear to an auditor.
- Avoid copy and paste or autofill templates.

6. Verification of Compliance:

Claims are subject to audit, prepayment and post payment, to validate compliance with the terms and conditions of this policy.

7. Terms & Definitions:

Technology Assisted Surgical Navigation: The use of computer and software technology to control and move instruments through one or more small 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.

8. References, Citations, Resources & Associated Documents:

PRP-03 Unlisted CPT HCPCS Codes
PRP-05 Medical Record Request Standards

Revision History:

Original Effective Date: 11/1/2024

Next Revision Date: 10/10/2025

10. Document Evaluation Panel:

Revision Date	Reason for Revision