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**

**** 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://provider.amerigroup.com/TN** > Claims > Reimbursement Policies > Medicaid > Related Coding.****

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup Community Care benefit plan. 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, Amerigroup may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

Amerigroup 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Amerigroup strives to minimize these variations.

Amerigroup 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.

Amerigroup Community Care complies with the applicable federal and state civil rights laws, rules, and regulations and does not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call **800-454-3730**. Information about the civil rights laws can be found at **tn.gov/tenncare/members-applicants/civil-rights-compliance.html**.

Policy

Amerigroup 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

Code	Description	Comments
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
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

06/1620/21	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
04/14/2014	Review approved: Policy template updated
05/06/2013	Review approved: Policy template updated
02/28/2011	Initial approval 02/28/2011 and effective 09/11/2011: policy adapted from prior policy *Robotic Assisted Surgeries* (06-113) effective 10/17/2006 and retired 10/20/2008

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid agencies
- Amerigroup state contracts
- 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 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