# Technology-Assisted Surgery

Reimbursement Policy ID: RPC.0145.5420

Recent review date: 09/2026

*Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

*To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.*

## Policy Overview

This policy addresses reimbursement of technology-assisted surgical procedures reported by professionals and facilities.

## Exceptions

N/A

## Reimbursement Guidelines

The health plan considers computer-assisted techniques billed as add-on procedure reimbursable when billed with the primary code. Robotic-assisted surgical services are integral components of the primary surgical procedure and, therefore, not separately reimbursable. Refer to the codes listed below for additional details.

| CPT/HCPCS Code | Description | Reimbursement |
|---|---|---|
| **S2900** | Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure) | **Not separately 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) | Reimbursable only when billed with their designated primary code on the same claim and date of service by the same provider. |
| **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) | Reimbursable only when billed with their designated primary code on the same claim and date of service by the same provider. |
| **20985** | Computer-assisted surgical navigational procedure for musculoskeletal procedures, imageless (List separately in addition to code for primary procedure) | Reimbursable only when billed with their designated primary code on the same claim and date of service by the same provider. |
| **61781** | Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure) | Reimbursable only when billed with their designated primary code on the same claim and date of service by the same provider. |
| **61782** | Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure) | Reimbursable only when billed with their designated primary code on the same claim and date of service by the same provider. |
| **61783** | Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure) | Reimbursable only when billed with their designated primary code on the same claim and date of service by the same provider. |

Modifier 22 (Increased Procedural Services) is not appropriate when appended to a primary surgical procedure solely to reflect the use of computer or robotic assistance. Modifier 22 may be considered only when the procedure involves substantial additional work beyond that typically required to perform the reported service, such as significantly increased intensity, time, technical difficulty, severity of the patient's condition, or physical and mental effort. Supporting documentation must clearly substantiate the nature and extent of the additional work performed and demonstrate that such increased work was unrelated to the use of computer or robotic assistance.

## Definitions

**Robotic-Assisted Surgery**
Robotic-assist is a method used to perform surgery using very small tools attached to a robotic arm. The surgeon controls the robotic arm with a computer.

**Computer-Assisted Surgery**
Computer-assisted surgery (CAS) is a surgical technique that uses advanced imaging, 3D modeling, and computer technology to plan, guide, and perform surgical interventions.

## Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. Applicable Medicaid Fee Schedule(s).

## Attachments

N/A

## Associated Policies

RPC.0007.5420 Add-on Codes

## Policy History

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| 09/2026 | Reimbursement Policy Committee Approval |