

ADMINISTRATIVE POLICY



An independent licensee of the Blue Cross Blue Shield Association

SUBJECT: Computer Assisted Surgical Navigation
POLICY NUMBER: AP-17
TYPE OF PROVIDER: Professional, Facility
COVERAGE PRODUCTS: All lines of business

REVISED DATE: 01/01/2023, 12/20/2022,
11/16/2021, 11/12/2020, 11/18/2019, 09/24/2019
EFFECTIVE DATE: 11/05/2018
REVIEW STATUS: Pre-payment

PURPOSE

The purpose of this policy is to define the billing and reimbursement guidelines for Computer Assisted Surgical Navigation.

SCOPE

This administrative policy applies to all Excellus BlueCross BlueShield ("Health Plan") participating and non-participating practitioners, facilities and the Commercial (HMO, PPO, POS, ASO/ASC and Indemnity), Federal Employee Program (FEP), Medicare Advantage, Medicare HMO-Dual Special Needs Program (DSNP), NYS Government Programs (Medicaid Managed Care, Health and Recovery Plan (HARP), Child Health Plus (CHP)) and Special Programs (Healthy NY and Essential Plan) lines of business.

DESCRIPTION

Computer Assisted Surgical Navigation- The use of computer technology for surgical planning and for guiding or performing a surgery.

POLICY

- I. The Health Plan will not provide additional reimbursement for CPT® codes 20985, 0054T and 0055T; these are considered inclusive to the primary procedure.
- II. The Health Plan will not provide reimbursement for CPT® codes 20985, 0054T and 0055T when billed alone.
- III. The use of modifiers will not override this policy.

REIMBURSEMENT REQUIREMENTS

Providers must bill using the most current and inclusive codes that accurately reflect the services rendered.

CODES

The codes listed on this policy may not be all inclusive as the American Medical Association and the Center's for Medicaid and Medicare Service's code updates may occur more frequently than policy updates.

CPT/HCPCS	Description
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)

GRIEVANCE PROCESS

A provider can dispute the denial of either the facility claim or the professional claim by submitting a grievance in accordance with The Health Plan's grievance process as set forth in the Provider Manual.

BENEFIT INFORMATION

- I. Eligibility for reimbursement is based on the benefits and limitations outlined in the member's contract in effect on the date of service.

- II. Customer Care may be contacted for inquiries related to member contract provisions related to the requirements outlined above.
- III. Copayment, deductible and/or coinsurance may apply depending upon the member's benefit plan specifics.
- IV. Some services may require Prior Authorization and / or medical review. Please visit <https://provider.excellusbcbs.com/authorization/medical> to check these requirements.

APPLICABLE MEDICAL POLICIES

N/A

REFERENCES

N/A

DISCLAIMERS

The use of this policy is neither a guarantee of payment nor will this policy alone determine how a specific claim will be adjudicated. Reimbursement is dependent, in part, upon member and provider contracts in effect at the time services are rendered. In the event of a direct conflict between a member or provider contract and this policy, the member or provider contract shall control and prevail.

The Health Plan reserves the right to review claims/services to determine compliance with this policy. If a review determines non-compliance with this policy, the Health Plan reserves the right to retract payment for claims associated with that service.

HISTORY

01/01/2023 - Added Medicare HMO-Dual Special Needs Programs (DSNP)

12/20/2022 - Annual Review. Format updated.

11/16/2021 - Annual Review. Format updated.

11/12/2020 - Annual Review. No Updates.

11/18/2019 - Added review status in policy header. Minor formatting changes.

09/24/2019 - Updated the code description for 20985