

	Robotic and Computer Assisted Surgery	
	Policy Number: POL-PP-232	Original Creation Date 3/1/2022
	Version Number: 006	Version Effective Date 3/1/2022
	Policy Status: Active	Next Review Date 3/1/2027

NOTICE

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Kansas City (Blue KC).

Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input checked="" type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Robotics and computer-assisted surgery (CAS) involve using robotic systems and computer technology to enhance surgical precision, dexterity, and visualization, enabling minimally invasive procedures with potential benefits like smaller incisions, reduced pain, and faster recovery.

Policy

The use of robotics in surgery may be considered an alternative to the corresponding standard surgical procedure if it employs the same surgical techniques and principles as standard surgery. Reimbursement will be based on the standard code for the procedure (e.g., the laparoscopic prostatectomy, stereotactic radiosurgery).

Blue KC considers robotic assist (S2900), a component of (subset to) the primary procedure, and no additional reimbursement will be made. Starting 7/1/2025, Blue KC will also consider computer assist (0054T, 0055T, 20985) a component of (subset to) the primary procedure, with no additional reimbursement made.

The use of an unlisted code to indicate a robotically assisted procedure would be considered incorrect billing and will be denied.

Coding

Code	Description
S2900	Surgical techniques requiring use of robotic surgical system (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)
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)

References and Resources

Blue KC Provide Reference Guide
American Medical Association
Centers for Medicare and Medicaid Services

Related Documents

Blue KC Medical Policy 10.01.528 Miscellaneous Investigational
--

Revision History

Version	Date	Summary of Revisions
001	3/01/2022	Initial Version
002	3/01/2023	Annual review, there were no changes or updates made to the policy.
003	3/01/2024	Annual review, removed FEP from lines of business impacted
004	3/01/2025	Annual review, there were no changes or updates made to the policy.
005	3/26/2025	Update - Computer assist codes 0054T, 0055T, and 20985 were added to policy as non-covered.

006

3/1/2026

Annual review, there were no changes or updates made to the policy.