

## REIMBURSEMENT POLICY

Computer Assisted Musculoskeletal Surgical Navigational Orthopedic Procedure
Active

**Policy Number:** Surgery Interventional – 013

**Policy Title:** Computer Assisted Musculoskeletal Surgical Navigational

Orthopedic Procedure

**Section:** Surgery-Interventional

Effective Date: 9/22/15

## Description

Conventional fluoroscopic guidance provides imaging in one plane. Computer-assisted musculoskeletal surgical navigational orthopedic procedures involve the use of navigation systems that provide additional information and attempt to further integrate preoperative planning with intraoperative arthroplasty orientation or fracture alignment and fixation. Orthopedic computer-assisted surgeries most commonly involve hip and knee arthroplasty procedures, as well as fixation of pelvic, acetabular, or femoral fractures that typically require the percutaneous placement of screws or guidewires. Computer- assisted surgery is considered an alternative to existing image guidance using fluoroscopy.

Computer-assisted navigation involves 3 steps: data acquisition, registration, and tracking.

### **Data Acquisition**

Data can be acquired in 3 different ways: fluoroscopic, guided by computed tomography (CT) or magnetic resonance imaging (MRI), or imageless systems. The imageless systems rely upon information such as centers of rotation of the hip, knee, or ankle or visual information such as anatomical landmarks. These data are then used for registration and tracking.

### Registration

Registration refers to the ability of relating images (i.e., x-rays, CT, MRI, or patient's 3D anatomy) to the anatomical position in the surgical field. Early registration techniques required the placement of "fiduciary markers" in the target bone, which required an additional surgical procedure. More recently, a surface-matching technique has been developed in which the shapes of the bone surface model generated from preoperative images are matched to surface data points collected during surgery.

# **Tracking**

Tracking refers to the sensors and measurement devices that can provide feedback during surgery regarding the orientation and relative position of tools to bone anatomy. For example, optical or electromagnetic trackers can be attached to regular surgical tools, which can then provide real time information relating to the position and orientation of the tools' alignment with respect to the bony anatomy of interest.



### **Definitions**

**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)

## **Policy Statement**

Charges for computer-assisted guidance for orthopedic procedures of the appendicular skeleton (pelvic girdle, pectoral girdle and bones of the upper and lower limbs - codes 20985, 0054T, and 0055T, are not eligible for payment. Surgical procedures performed with the aid of computer-assisted musculoskeletal surgical navigational orthopedic guidance should be reported under the existing code for the actual procedure performed. No additional allowance is provided for the computer-assisted technique. When procedure code 20985, 0054T, or 0055T is reported, it will be denied as a non-covered service since the code is not representative of the actual surgical procedure being performed. Computer-assisted musculoskeletal surgical navigational orthopedic techniques are not separately covered and are not eligible for payment.

### **Documentation Submission**

Documentation/operative report must identify and describe the procedures performed.

### Coverage

Codes 20985, 0054T, or 0055T are not covered services and are not separately reimbursable.

### The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

### Coding

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.



**CPT/HCPCS Modifier:** N/A

ICD Diagnosis: N/A
ICD Procedure: N/A

**HCPCS:** 20985, 0054T, 0055T

Revenue Codes: N/A

Deleted Codes: N/A

# **Policy History**

Initial Committee Approval Date: September 22, 2015

Code Update: N/A

Policy Review Date: January 9, 2018, February 24, 2020

Cross Reference: N/A

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