



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Computer Assisted Surgery

Policy Number: PG0128

Last Review: 06/12/2018

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional

Facility

DESCRIPTION

Computer assisted surgery (also referred to as surgical navigation or image guided surgery) provides surgeons with additional information and is used during procedures in which direct visibility is limited. Navigation systems superimpose the location and orientation of a surgical probe, instrument or implant on previously obtained images of the patient's anatomy. Imageless computer assisted surgery does not require pre-operative imaging scans such as computed tomography (CT) or magnetic resonance imaging (MRI) because all data are registered intraoperatively. Computer assisted surgical navigation has been used in neurosurgery, orthopedic surgery (arthroplasty) and sinus surgery.

Common components of these types of navigation systems include: a computer workstation, a tracking system and specific surgical instruments for the determined surgery. Computer assisted navigation generally involves three steps: planning (data gathering), navigation (tracking) and registration (pre and intraoperative images).

When used as an adjunct to arthroplasty, computer assisted navigation is purported to prevent prosthesis misalignment thereby promoting joint stability and function.

Computer assisted stereotactic technology for cranial procedures, also known as neuronavigation, combines preoperative imaging with navigational computer software to localize surgical targets. The goal of neuronavigation is to facilitate presurgical planning and to provide intraoperative guidance to the surgeon.

Examples of computer assisted surgical navigation systems include, but may not be limited to, the following:

- ADAPT for Gamma3 Locking Nail System (formerly FluoroMap)
- BrainLab AG Vector Vision fluoro3D
- CAS-One Liver System
- Ci Knee/Ci Hip Image Guided Surgery Systems
- DePuy CAS Knee Instrumentation
- Explorer Liver-Passive Tracking System
- iASSIST Knee System
- InstaTrak 3500 Plus System
- NAVIO[®] Surgical System
- Navitrack System
- NaviVision
- OrthoMap 3D Module
- Orthopilot Next Generation
- Pari-Path Surgical Navigation System
- PiGalileo Navigation System

- PROFESS
- Rio™ Robotic Arm Interactive Orthopedic System (MAKOplasty®)
- SonoWand Invite System
- StealthStation® System
- Surgetics Ortho Kneelogics Navigation System
- UNI KNEE SURGETICS Navigation System
- Vector Vision fluoro3D
- Zimmer NexGen CR-Flex, for knee replacement
- Zimmer Ortho Guidance Systems

The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.

POLICY

Computer assisted surgery does not warrant separate reimbursement for HMO, PPO, Individual Marketplace, & Elite/ProMedica Medicare Plan.

Procedures 0054T, 0055T, & 0396T are non-covered for Advantage.

Procedures 20985, 31627, 61781, 61782, & 61783 do not require prior authorization for Advantage.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Computer assisted surgical navigation is considered integral to the primary procedure and not separately reimbursable.

Paramount does not provide additional reimbursement based upon the type of instruments, technique or approach used in a procedure. Such matters are left to the discretion of the surgeon. Additional professional or technical reimbursement will not be made when a surgical procedure is performed using computer assisted surgical navigation.

Reimbursement for procedures in which a computer assisted surgical navigation system is used will be based on the contracted rate or usual and customary fee or maximum reimbursable charge for the base procedure. Separate reimbursement is not allowed for the computer assisted surgical navigation technique. Reimbursement for the base procedure may be subject to medical necessity review.

The use of an unlisted procedure code to indicate a computer assisted surgical navigation procedure would be considered inappropriate billing. Use of the 22 Modifier (increased procedural services) would not be appropriate if the sole purpose is to report and bill for the use of computer assisted surgical navigation. Modifier 22 should only be used to report unusual complications or complexities which occurred during the surgical procedure that are unrelated to the use of a computer assisted surgical navigation system and must be supported by documentation.

Advantage

Procedures 20985, 31627, 61781, 61782, & 61783 are covered when US Food and Drug Administration (FDA) approved computer assisted surgical navigation systems are used according to their FDA approved indications. The technology used must not be considered experimental/investigational and identified as widely used and generally accepted for proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Procedures 0054T, 0055T, & 0396T are non-covered.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services

rendered.

CPT CODES	
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures; image-less (List separately in addition to code for primary procedure)
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)
61783	Stereotactic computer-assisted (navigational) procedure; spinal (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)
0396T	Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 03/30/2007

12/01/07: New codes

11/01/08: Deleted/added codes

01/01/09: Procedure codes 20986 and 20987 were deleted and converted back to the Category III codes 0054T and 0055T

10/15/09: Updated verbiage

08/01/11: No changes

06/18/15: Reviewed Zimmer NexGen CR-Flex, for knee replacements. Removed codes 20696 & 20697. Added codes 31627, 61781, 61782 & 61783. Determined computer assisted surgery does not warrant separate reimbursement per TAWG. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

07/22/16: Added Effective 01/01/2016 new code 0396T. Procedures 20985, 31627, 61781, 61782, & 61783 are covered and procedures 0054T, 0055T, & 0396T are non-covered for Advantage per The Ohio Department of Medicaid Appendix DD. Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

06/12/18: Policy reviewed and updated to reflect most current clinical evidence per The Medical Policy Steering Committee.

01/01/2021: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.