



## COMMERCIAL REIMBURSEMENT POLICY

### Computer-Assisted Navigation in Orthopedic Surgery

Active

**Policy Number:** Surgery Interventional – 013  
**Policy Title:** Computer-Assisted Navigation in Orthopedic Surgery  
**Section:** Surgery-Interventional  
**Effective Date:** 12/01/23

#### Description

This policy addresses coding and reimbursement for computer-assisted navigation in orthopedic surgery.

#### Definitions

Computer-assisted navigation in orthopedic surgery involves the use of computer-enabled tracking systems to increase surgical accuracy and reduce the chance of malposition of implants. 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.

#### Policy Statement

No additional reimbursement will be allowed for CPT® codes 20985, 0054T, or 0055T. These services are considered integral to the primary surgical procedure performed.

#### Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

#### Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.

#### 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-10 Diagnosis:** N/A  
**ICD-10 Procedure:** N/A  
**CPT/HCPCS:** 20985 0054T 0055T  
**Revenue Codes:** N/A

### Resources

Current Procedural Terminology (CPT®)
---------------------------------------

### Policy History

09/22/2015	Initial Committee Approval Date
01/09/2018	Annual Policy Review: no update
02/24/2020	Annual Policy Review: no update
05/27/2021	Annual Policy Review: no update
10/25/2022	Annual Policy Review: update policy title, minor revisions
11/28/2023	Annual Policy Review

2023 Current Procedural Terminology (CPT®) is copyright 2022 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Copyright 2023 Blue Cross Blue Shield of Minnesota