Reimbursement Policy

Robotic Surgical Systems

REIMBURSEMENT POLICY NUMBER: 1

Effective Date: 1/1/2025

Last Review Date: 12/2024

Next Annual Review: 12/2025

INSTRUCTIONS FOR USE: Company reimbursement policies serve as guidance for the administration of plan benefits. Reimbursement policies do not constitute medical advice nor a guarantee of coverage. Company reimbursement policies are reviewed annually. The Companies reserve the right to determine the application of reimbursement policies and make revisions to reimbursement policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Reimbursement Policy will be resolved in favor of the coverage agreement.

SCOPE AND APPLICATION

Provider Type:

☒ Professional Claims

☒ Facilities

Plan Product:

☒ Commercial

☒ Medicare

☒ Medicaid/Oregon Health Plan (OHP)

POLICY STATEMENT

Note: This policy does **not** apply to the following:

- Cranial or spinal stereotactic computer-assisted navigation procedures (CPT 61781-61783) or the use of an operating microscope (CPT 69990).

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

- Musculoskeletal or orthopedic computer-assisted surgical navigational (CAN) procedures (e.g., MAKO; CPT 0054T, 0055T, 20985).
- For pre-operative computed tomography (CT)/magnetic resonance (MR) imaging, please refer to Carelon (formerly AIM), the Company imaging utilization review vendor.
- Requests to see an out of network provider for the purpose of receiving a robotic assisted procedure.
- Other plan policies or clinical edits may be in place to appropriately adjudicate these services. See Policy Cross References below.

I.   Separate reimbursement is not allowed for the use of robotic surgical systems (e.g., da Vinci Surgical System), which are **incidental and not separately payable** because they are considered integral to the primary surgical procedure.

POLICY GUIDELINES

DEFINITIONS

Robotic Surgical Systems

The following is from the U.S. Food and Drug Administrative (FDA) website[1]:

"Different types of computer-assisted surgical systems can be used for pre-operative planning, surgical navigation and to assist in performing surgical procedures. Robotically-assisted surgical (RAS) devices are one type of computer-assisted surgical system. Sometimes referred to as robotic surgery, RAS devices enable the surgeon to use computer and software technology to control and move surgical instruments through one or more tiny incisions in the patient's body (minimally invasive) for a variety of surgical procedures…

"The FDA has cleared RAS devices for use by trained physicians in an operating room environment for laparoscopic surgical procedures in general surgery, cardiac, colorectal, gynecologic, head and neck, thoracic and urologic surgical procedures. Some common procedures that may involve RAS devices are gall-bladder removal, hysterectomy and prostatectomy (removal of the prostate).

"While robotically-assisted surgery is safe and effective for performing certain procedures when used appropriately and with proper training, the FDA has not granted marketing authorization for any robotically-assisted surgical device system for use in the United States specifically for the prevention or treatment of cancer."

An example of a robotic surgical system includes, but is not limited to, da Vinci Surgical Systems.

<u>General</u>

According to the National Correct Coding Initiative (NCCI) Policy Manual, services which are integral to surgical procedures are included in allowance for those procedures and it is inappropriate to separately report services that are integral to another procedure.[2] While the technique, approach, or type of instruments used in a surgical procedure (including the business decision to use a robotic surgical system) is left to the discretion of the performing surgeon, separate allowance is not allowed for the use of these systems because they are considered integral to the primary surgical procedure (e.g., S2900). The use of these technologies does not provide additional reimbursement nor is it used to determine member copayment or coinsurance amounts.

This policy position applies regardless of how the technologies are reported on a claim. The following additional coding scenarios may be used to circumvent denials based on this policy; however, additional payment using these coding methods will not result in additional allowance.

- Using an unlisted procedure code for either:
    - The use of RSS technique, or
    - To represent the entire robotically assisted procedure
- Billing an increased procedural service modifier only to report use of robotic systems
- Billing an assistant surgeon modifier to report use of robotic systems

Facility claims

No additional reimbursement is provided to hospitals, surgery centers and facilities for the use of a robotic surgical device or other specialized operating room equipment. These items are a capital equipment expense for the facility and are not separately billable to the Company. Reimbursement for the use of such equipment is included in the operating room charges or the facility fee for the base surgical procedure for ASC claims. Supplies related to the use of the robot are also disallowed. For more information regarding facility supplies and services that are not separately reimbursable, see the separate Company Reimbursement Policy for *Facility Supplies and Services* (UM43).

Note, if payment is made inadvertently, recovery efforts may be made to recoup the erroneous payment.

<u>Summary</u>

Additional reimbursement is not allowed for the use of a robotic surgical system (e.g., S2900), nor is this added expense used to determine member copayment or coinsurance amounts because it is considered integral to the primary surgical procedure. This policy position applies regardless of how the technologies are reported on a claim, including any additional coding variations may be attempted, such as the use of unlisted codes, an increased procedural modifier (-22) or an assistant surgeon modifier (-80, -81, -82, or –AS).

No additional reimbursement is provided to hospitals, surgery centers and facilities for the use of a robotic surgical device or other specialized operating room equipment because payment is included in the operating room charges or the facility fee for the base surgical procedure for ASC claims. See the separate Reimbursement Policy for *Facility Supplies and Services* (UM43) for more information.

BILLING AND CODING GUIDELINES

CPT/HCPCS CODES

For surgical techniques using **robotic surgical systems**, the applicable code is HCPCS S2900.

> **S2900** Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure)

Claim Submission

Some CPT codes include the use of "robotic assistance" in their code descriptors, while other CPT codes do not.

- For CPT codes which **do** include "robotic assistance" within the code description, the work relative value units (RVUs) associated with the CPT code already takes into account the physician work for the robotic assistance and thus, separate reimbursement will not be made and separate codes for the robotics should not be submitted.
- For CPT codes which do **not** include "robotic assistance" within the code description, while the use of robotic surgical techniques must be reported and billed as separate line items on submitted claims, separate reimbursement will also not be made as an integral part of the primary surgical procedure.

Example

A provider performs a laparoscopic prostatectomy with robotic assistance reported with CPT 55866. Reimbursement will be determined using the reasonable and customary rate for the base procedure CPT 55866.

> ***Appropriate Coding***
> 55866 *(Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed)*
> ***Inappropriate Coding***
> The following will **not** result in an increased payment or allowance (this may not be an all-inclusive list):
> - 55866 + S2900
> - 55866 + Unlisted code to represent the robotic assistance

- 55866-22
- 55866 + modifier -80, -81, -82, or –AS (assistant at surgery modifiers)
- Unlisted code by itself with a description indicating that the procedure was performed for a robotic-assisted laparoscopic prostatectomy (e.g., 55899, *Unlisted procedure, male genital system*).

CROSS REFERENCES

Reimbursement Policies

- Facility Supplies and Services, UM43

Coding Policies

- Bundled or Adjunct Services, MC 13.0
- Incidental and Mutually Exclusive Surgical Procedures, MC 05.0
- Modifier 22 (Increased Procedural Services), MC 10.0

Medical Policies

- Company: Definition of Medical Necessity, MP38
- Medicare: Definition of Medically Reasonable and Necessary (Medical Necessity), MP360
- Company: Computer Assisted Navigation for Musculoskeletal Procedures, MP375
- Medicare: Computer Assisted Navigation for Musculoskeletal Procedures, MP376

The full Company portfolio of current Reimbursement Policies is available online and can be accessed here.

REFERENCES

1. US Food & Drug Administration. Computer-Assisted Surgical Systems. Updated 6/21/2022. https://www.fda.gov/medical-devices/surgery-devices/computer-assisted-surgical-systems. Accessed 10/31/2024.
2. Centers for Medicare & Medicaid Services. Medicare NCCI Policy Manual. Effective Jan 1, 2023. https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-policy-manual. Accessed 10/31/2024.

POLICY REVISION HISTORY

Date	Revision Summary
4/2023	New reimbursement policy
1/2024	Annual review, no changes

RP1

| 1/2025 | Annual review, no changes |