

ROBOTIC ASSISTED SURGERY

Policy # 66

Implementation Date: 6/1/16

Revision Dates:

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

Robotic surgery refers to the application of computer-assisted "robotic" technologies to enhance the surgeon's ability to carry out various surgical procedures, the most common being endoscopic/laparoscopic procedures. A wide range of robotic devices exist for a variety of surgical tasks. Robot-assisted surgery is a method of automating laparoscopic procedures to further reduce trauma and improve outcomes. The feasibility of robotic surgery has been demonstrated for a variety of indications.

The da Vinci® Surgical System (Intuitive Surgical, Inc.) is the only robot-assisted surgical system with FDA approval. The da Vinci system has 4 components:

- The surgeon's console, where the surgeon sits while viewing a 3-D image (InSite Vision System) of the surgical field and controlling 2 or 3 instrument arms and an endoscope arm on the cart next to the operating table.
- The master handles provide direction to the robotic arms and are also used to control other aspects of the video display system and robotic arms, such as endoscope selection and motion scaling ratio.
- The robotic arm cart, where the robotic arms are situated and which translate the surgeon's hand, wrist, and finger movements, into precise, scaled movements in the operating field.
- The robotic surgical instruments have an elbow joint and a wrist (Endowrist), enabling seven degrees of freedom and two degrees of axial rotation, mimicking the natural motions of open surgery.

The da Vinci surgical instruments are designed to replicate the surgeon's hand movements in a scaled-down manner while reducing hand tremors, as well as by means of articulating joints with added degrees of freedom inside the patient.

Commercial Plan Policy

SelectHealth **covers surgical procedures using robotic-assistance. Robotic-assistance is considered integral to the surgical service and reimbursement will not be made separately from the primary surgical procedure.**

SelectHealth does **NOT** provide additional reimbursement for the use of robotic devices including use of Procedure code S2900.

SelectHealth will not allow additional payment when Modifier 22 is appended if the sole use of the modifier is to report and bill for the use of robotic assistance. Modifier 22 may be used to report unusual complications or complexities which occurred during the surgical procedure that are unrelated to the use of the robotic assistance system.

SelectHealth does not cover surgical assistants, team surgery, or co-surgeons' charges, (modifiers -80, -81, -82 -AS, -62, or -66) if solely provided due to use of robotic assistance. These charges will be considered if provided by a human and otherwise meeting coding guidelines.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage **covers procedures using robotic assistance if the primary procedure is covered by CMS/ standard Medicare.**

SelectHealth Advantage **does NOT cover HCPCS S2900 as this code is not covered by Medicare. This code is not separately reimbursable with any procedure.**

SelectHealth Community Care (Medicaid)

SelectHealth Community Care **covers procedures using robotic assistance if the primary procedure is covered by Utah State Medicaid.**

SelectHealth Community Care **does NOT cover HCPCS S2900 as this code is not covered by Utah State Medicaid. This code is not separately reimbursable with any procedure.**

Applicable Codes

CPT CODES

55866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

HCPCS CODES

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

ICD-10 CODES

No codes specific to robotic assistance identified

Sources

1. American Medical Association, *Coding with Modifiers*
2. Current Procedural Terminology (CPT®), (2016) – American Medical Association
3. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

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