

Applicable To:

- Medicaid - Kentucky

**Claims and Payment Policy:
Robotic Assisted Surgery****Policy Number: CPP-137****Original Effective Date: 9/5/2013****Revised Effective Date(s): 12/4/2014, 9/17/2015;
9/27/2016; 6/1/2017; 5/3/2018; RETIRED
3/4/2019; REINSTATED 3/28/2019****BACKGROUND**

Robotic surgical techniques are revolutionizing the way surgery is performed in an effort to improve patient outcomes. Current literature is limited but studies have shown that patients who undergo robotic-assisted procedures experience reduced surgical time, scarring, blood loss, pain, infection rates, and lengths of stay compared with patients who undergo open or laparoscopic procedures. Start-up costs for robotic systems are high and include the major equipment purchase as well as supplemental equipment purchases and staff member training. There is a need to develop standardized perioperative procedures or clinical guidelines that define optimal application of robotic-assisted surgery to ensure a standard of care consistent across procedures and operators.

Robotic surgery refers to the use of surgical techniques assisted by a robotic surgical system, with the use of an endoscope instrument control system that interposes between a computer with a three-dimensional monitor, hand and/or foot controls, the surgeon's hands and the tips of micro-instruments inserted into the patient. A robotic arm is equipped with surgical instruments and a small video camera, as well as flexible wrists that replicate the motion of a surgeon's hands. Robotic surgery is minimally invasive and is designed to perform surgery with smaller incisions or ports through the use of an endoscope. The alternative to robotic assisted surgery is traditional surgery. Robotic assisted surgery includes, but is not limited to: Cardiac; Gastrointestinal; Gynecology; Neurosurgery; Maxillofacial; Ophthalmology; Orthopedic; Prostatectomy; Radiosurgery/Radiotherapy; and Urology.

The American Congress of Obstetricians and Gynecologists states that despite the advantages of robotic surgery for complex hysterectomies, research shows that the expense of such technology does not improve patient outcomes. In addition, no research shows that robotic hysterectomy is better than existing surgical methods.

The American Urology Association notes the importance of training and maintenance of privileges however, a formal position on robotic surgery has not been developed.

At this time, statements and/or guidelines have not been developed by the following organizations:

- American Association for Thoracic Surgery
- America American College of Surgeons
- American Urological Association
- Centers for Medicare and Medicaid Services
- Neurological Society of America
- Society of Surgical Oncology
- Society of Thoracic Surgeons

POSITION STATEMENT

Coverage

Robotic assisted surgery **is considered medically necessary** when reimbursement must be integral to the procedure and is not a separate service **AND** the credentialing of surgeons is the responsibility of the individual hospital.

Robotic assisted surgery systems are used in minimally invasive and endoscopic surgical procedures – most commonly general, urological, gynecological, thoracic, and pediatric surgery. Due to the number of systems available, discretion is left to the surgeon and facility.

When a Provider performs a surgical procedure using code S2900, reimbursement will be considered included as part of the primary surgical procedure. Use of Modifier 22 (increased procedural services) appended to the primary surgical procedure is not appropriate if used exclusively for the purpose of reporting the use of robotic assistance. Modifier 22 may only be used when substantial additional work is performed, (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, and physical and mental effort required) that is unrelated to robotic assistance. Documentation must state the reason for the substantial additional work performed during the surgical procedure.

Exclusions

The use of robotic surgical devices not listed above (and for the stated indication) **are considered experimental / investigational and not a covered benefit.**

Members may **NOT** be eligible for robotic assisted surgery if not performed according to the device's FDA indications.

CODING & BILLING

Non-Covered ICD-10-CM Diagnosis Codes - All diagnosis are non-covered

Non-Covered CPT®* Code – No specific code for robotic assistance.

Covered HCPCS®* Code

S2900* Surgical techniques requiring use of robotic surgical system *Non-Medicare

NOTE: Robotic-assisted surgery and/or robotic guidance systems are considered integral to the primary procedure and not separately reimbursable. See note in Position Statement.

NOTE: Code S2900 is NOT separately reimbursable when included as part of the primary surgical procedure.

Non-Covered ICD-10-PCS Codes

8E0_CZ Other procedures, Physiological Systems/Anatomical Regions, Other Procedures

NOTE: Per ICD-10-PCS Coding Guidelines, "ICD-10-PCS codes are composed of seven characters.

Each character is an axis of classification that specifies information about the procedure performed.

Within a defined code range, a character specifies the same type of information in that axis of classification.

One of 34 possible values can be assigned to each axis of classification in the seven-character code".

Refer to the following ICD-10-PCS table(s) for specific PCS code assignment based on physician documentation.

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

DEFINITIONS

Robotic surgery	
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Refers to the use of surgical techniques assisted by a robotic surgical system, with the use of an endoscope instrument control system that interposes between a computer with a three-dimensional monitor, hand and/or foot controls, the surgeon's hands and the tips of micro-instruments inserted into the patient.

REFERENCES

1. Walters L, Eley S. Robotic-assisted surgery and the need for standardized pathways and clinical guidelines. *AORN J.* 2011; 93(4):455-63. doi: 10.1016/j.aorn.2010.05.032.
2. Robotic surgery. MedLine Plus Web site. <http://www.nlm.nih.gov/medlineplus/ency/article/007339.htm>. Published May 2013. Accessed April 11, 2018.
3. Robotic surgery (urologic) standard operating procedure (SOP). American Urological Association Web site. [https://www.auanet.org/guidelines/robotic-surgery-\(urologic\)-sop](https://www.auanet.org/guidelines/robotic-surgery-(urologic)-sop). Published 2011. Accessed April 11, 2018.

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

Claims and Payment Policies (CPPs) are policies regarding claims or claim line processing and/or reimbursement related to the administration of health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating, and making clinical recommendations to the member. CPPs are subject to, but not limited to, the following:

- State and federal laws and regulations;
- Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations;
- The health plan's contract with Medicare and/or a state's Medicaid agency, as applicable;
- Other CPPs and clinical policies as applicable including, but not limited to, *Pre-Payment and Post-Payment Review*.
- The provisions of the contract between the provider and the health plan; and
- The terms of a member's particular benefit plan, including those terms outlined in the member's Evidence of Coverage, Certificate of Coverage, and other policy documents.

In the event of a conflict between a CPP and a member's policy documents, the terms of a member's benefit plan will always supersede the CPP.

The use of this policy is neither a guarantee of payment, nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inference should be made regarding coverage or provider reimbursement as a result of the inclusion, or omission, in a CPP of a CPT, HCPCS, or ICD-10 code. Always consult the member's benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member's eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and the health plan's policies. Services must be medically necessary in order to be covered.

References to other sources and links provided are for general informational purposes only, and were accurate at the time of publication. CPPs are reviewed annually but may change at any time and without notice, including the lines of business for which they apply. CPPs are available at www.wellcare.com. Select the "Provider" tab, then "Tools" and then "Payment Guidelines".

WellCare (Kentucky)

RULES, PRICING & PAYMENT COMMITTEE HISTORY AND REVISIONS

Date	Action
10/30/2019	<ul style="list-style-type: none"> • Approved by RGC