Reimbursement Policy:

Robotic Surgery

(Commercial, Medicare and Medicaid)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RPC20220024	11/29/2011	**RPC (Reimbursement Policy Committee)**

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. We will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpages on emblemhealth.com and connecticare.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in our policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, we strive to minimize these variations.

We follow coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. We use industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, we may deny the claim and/or recoup claim payment.

Overview:

EmblemHealth/ConnectiCare do 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 to hospitals, surgery centers and facilities when procedures are performed using robotic assistance or robotic surgical devices (including but not limited to the da Vinci® Surgical System or the ZEUS™ Robotic Surgical System).

Policy Statement:

The Health Care Common Procedure Coding System (HCPCS) code S2900 (Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)) describes a computer-aided tool used in performing a specific surgical procedure. EmblemHealth/ConnectiCare consider S2900 *not* separately reimbursable.

Additional professional or technical reimbursement will not be made 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. Reimbursement for the use of such equipment is included in the Operating Room charges under revenue code 0360 or the facility fee for the base surgical procedure for ASC claims. Supplies related to the use of the robot are also disallowed.

Reimbursement Guidelines:

According to the Centers for Medicare and Medicaid Services (CMS), medical and surgical procedures should be reported with the Current Procedural Terminology (CPT®)/HCPCS codes that

most comprehensively describe the services performed.

EmblemHealth/ConnectiCare consider S2900, (Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)) to be a technique integral to the primary surgical procedure and not a separately reimbursed service. When a surgical procedure is performed using code S2900, reimbursement will be considered included as part of the primary surgical procedure.

Modifiers:

Modifier	Description
22	Increased Procedural Services
80	Assistant Surgeon
81	Minimum Assistant Surgeon
82	Assistant Surgeon (when qualified resident surgeon not available)
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery

Modifier 22:

- Separate reimbursement is not allowed for the robotic surgical technique, whether reported under S2900, an unlisted procedure code, or another code.
- 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, (i.e, 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 demonstrate the reason for the substantial additional work performed during the surgical procedure.*

Modifiers 80, 81, 82 or AS:

- Separate reimbursement is not allowed for the robotic surgical device as a “surgical assistant” or an “assistant surgeon” with modifier -80, -81, -82, or –AS.

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References:

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

Revision History

Company(ies)	DATE	REVISION
EmblemHealth **ConnectiCare**	4/2022	• Reformatted and reorganized policy, transferred content to new template with new Reimbursement Policy Number