Reimbursement Policy

Subject: Robotic Assisted Surgery
Policy Section: Surgery
Last Approval Date: 06/16/2021 Effective Date: 07/29/2019

Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to https://provider.publicprograms.bluecrossmn.com/minnesota-provider/claims/reimbursement-policies.

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) for Minnesota Health Care Programs members if the service is covered by a member's benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member's state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Blue Cross reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Blue Cross strives to minimize these variations.

Blue Cross reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

Policy

Blue Cross does not allow separate or additional reimbursement for the use of robotic surgical systems unless provider, state, federal, or CMS contracts and/or requirements indicate

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otherwise. Robotic surgical systems refer to robotic technology integral or optional in a surgical procedure. This policy applies to both professional and facility providers.

Robotic technique is considered included in the primary surgical procedure, and reimbursement will be based on the payment for the primary surgical procedure(s), regardless of any instruments, supplies, techniques or approaches used in a procedure, or increase in operating room use.

Note: S2900 — Surgical technique requiring use of robotic surgical system (list separately in addition to code for primary procedure). This code is not separately reimbursable.

### Related Coding

| Standard Correct Coding Applies |

### Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>06/16/2021</td>
<td>Biennial Review approved: No policy language changes, added reference to both professional and facility. Added S2900.</td>
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<tr>
<td>07/29/2019</td>
<td>Biennial review approved and effective: Policy language restructured</td>
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<tr>
<td>01/01/2019</td>
<td>Initial policy approval and effective date</td>
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### References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid agencies
- State contracts
- Optum360 EncoderPro 2021
- U.S. Food and Drug Administration

### Definitions

| Robotic Assisted Surgery | The use of computer and software technology to control and move surgical instruments through one or more tiny incisions in the patient’s body for a surgical procedure. |

### Related Policies and Materials

None