



REIMBURSEMENT POLICY STATEMENT GEORGIA MEDICAID PLANS

| Policy Name | | Policy Number | Effective Date |
|--------------------------|----------------|---------------|----------------------|
| Robotic-Assisted Surgery | | PY-0959 | 06/01/2020 |
| Policy Type | | | |
| Medical | Administrative | Pharmacy | REIMBURSEMENT |

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding, and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. Subject

Robotic-Assisted Surgery

B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Robot-assisted surgery involves the use of a robot and computer technology under the direction and guidance of a surgeon. These surgeries are minimally invasive procedures using robotic devices designed to access surgical locations through smaller incisions or ports. These surgeries are generally performed using a workstation console containing remote controls for the surgical instruments as well as a computer equipped with a three-dimensional magnified video monitor of the surgical site through use of miniature cameras. The primary difference between robotic and conventional laparoscopic procedures is that the surgical instruments are manipulated indirectly through computer controls rather than manually by the surgeon. The robotic controls allow the surgical tools to emulate the movement of the surgeon performing cuts, clamps and suturing in a similar fashion as would be done in an open procedure. Examples of robotic surgical systems include the da Vinci® Surgical System (Intuitive Surgical, Inc.) and the ZEUS™ Robotic Surgical System (Computer Motion, Inc.)

C. Definitions

- **Robotic Assisted Surgery** - is defined as the performance of operative procedures with the assistance of robotic technology.

D. Policy

- I. Robotic-Assisted Surgery, HCPCS S2900, is included in the primary surgical procedure and not separately reimbursable.
- II. Modifier 22 (increased procedural services):
 1. Should be used only to report complications or complexities during the surgical procedure that are unrelated to the use of the robotic system, such as increased intensity, increased time, increased difficulty of procedures, or severity of patient's condition



Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting Georgia Medicaid approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the Georgia Medicaid fee schedule for appropriate codes.

E. Related Policies/Rules

F. Review/Revision History

| | DATE | ACTION |
|-----------------------|------------|------------|
| Date Issued | 10/16/2019 | New Policy |
| Date Revised | | |
| Date Effective | 06/01/2020 | |
| Date Archived | | |

G. References

1. Robotic surgery. MedLine Plus Web site. <http://www.nlm.nih.gov/medlineplus/ency/article/007339.htm>. Published May 2013. Accessed October 9, 2019.
2. Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services; <http://www.cms.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp#TopOfPage>
3. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <http://www.cms.gov/HCPCSReleaseCodeSets/ANHCPCS/list.asp#TopOfPage>
4. Daniel M. Herron, MD. A consensus Document on Robotic Surgery. Prepared by the SAGES-MIRA Robotic Surgery Consensus group. Position Papers/ Statement published on: 11/2007. Accessed October 9, 2019. Available at URL address: <http://www.sages.org/publications/guidelines/consensus-document-robotic-surgery/>

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.

GA-P-0867

10/16/2019

DCH Approved 03/02/2020