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PAYMENT POLICY ID NUMBER: 10-030

Original Effective Date: 05/14/2010

Revised: 04/11/2024

Robotic Assisted Surgery

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DESCRIPTION:

In robotic assisted surgery, a robot surgical system, utilizing 3-D cameras and miniature instruments that allow the surgeon to make smaller incisions and work more precisely, is used. The surgeon is positioned at a console looking into a three-dimensional magnified viewfinder. The surgeon performs the surgical procedure by looping fingers around controls on the console. These movements are translated to the robot "hands" inserted in the ports. The robot hands follow the movement of the surgeon (i.e., cutting, clamping, and sewing) just as the surgeon would in an open procedure.

This policy applies to billing for robotic assisted services on a CMS-1500 or equivalent claim form. For facility services, please refer to Robotic Assisted Surgery Facility Policy 16-053.

REIMBURSEMENT INFORMATION:

Robotic assisted surgery technique [Healthcare Common Procedure Coding System (HCPCS) S2900] is considered included in the primary surgical procedure and not separately reimbursable.

The use of an unlisted procedure code to indicate a robotically assisted procedure would be considered inappropriate billing. Use of the Modifier 22 (increased procedural services) would not be appropriate if the sole purpose is to report and bill for the use of robotic assistance. Modifier 22 should only be used to report unusual complications or complexities which occurred during the surgical procedure that are unrelated to the use of a robotic assistance system and are supported by documentation. See Florida Blue's Increased Procedural Services (Modifier 22) payment policy for additional information on modifier 22.

BILLING AND CODING:

The following code(s) may be used to describe robotic assistance:

HCPCS Codes:

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

- Increased Procedural Services (Modifier 22) 10-034
- Robotic Assisted Surgery Facility Policy 16-053
- Unbundled, Incidental, and Mutually Exclusive Services 18-063

REFERENCES:

1. Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS); HCPCS Release and Code sets.
<https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>
2. Optum, Coders’ Desk Reference for HCPCS, 2015.

GUIDELINE UPDATE INFORMATION:

05/14/2010	New payment policy
08/21/2012	Revised – changed name from BCBSFL to Florida Blue
04/15/2016	Routine policy review; references updated
04/13/2017	Annual Review
04/12/2018	Annual Review
04/11/2019	Annual Review
04/09/2020	Annual Review
04/15/2021	Annual Review – Statement added to “Reimbursement Information” section regarding the Increased Procedural Services (Modifier -22) policy.
04/14/2022	Annual Review – Statement added referring providers to Robotic Assisted Surgery Facility Policy 16-053 for facility services. References updated.
04/13/2023	Annual Review – References reviewed and updated.
04/11/2024	Annual Review – References reviewed and updated.

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