moda HEALTH	Reimbursement Policy Manual	Policy #:	RPM006
Policy Title:	**Robotic Assisted Surgery**		
Section:	Surgery	Subsection:	None

Scope: This policy applies to the following Medical (including Pharmacy/Vision) plans:

Companies:	☒ All Companies: Moda Partners, Inc. and its subsidiaries & affiliates ☐ Moda Health Plan ☐ Moda Assurance Company ☐ Summit Health Plan ☐ Eastern Oregon Coordinated Care Organization (EOCCO) ☐ OHSU Health IDS
Types of Business:	☒ All Types ☐ Commercial Group ☐ Commercial Individual ☐ Commercial Marketplace/Exchange ☐ Commercial Self-funded ☐ Medicaid ☐ Medicare Advantage ☐ Short Term ☐ Other: _____
States:	☒ All States ☐ Alaska ☐ Idaho ☐ Oregon ☐ Texas ☐ Washington
Claim forms:	☒ CMS1500 ☒ CMS1450/UB (or the electronic equivalent or successor forms)
Date:	☒ All dates ☐ Specific date(s): _____ ☐ Date of Service; For Facilities: ☐ n/a ☐ Facility admission ☐ Facility discharge ☐ Date of processing
Provider Contract Status:	☒ Contracted directly, any/all networks ☒ Contracted with a secondary network ☒ Out of Network

Originally Effective:	4/7/2008	Initially Published:	7/6/2011
Last Updated:	2/14/2024	Last Reviewed:	2/14/2024
Last update includes payment policy changes, subject to 28 TAC §3.3703(a)(20)(D)? No			
Last Update Effective Date for Texas:	2/14/2024		

Reimbursement Guidelines

A. General Policy Statement

No additional reimbursement is provided based upon the type of instruments, technique or approach used in a procedure. Such matters are left to the discretion of the surgeon. No additional professional or technical (facility) reimbursement will be made when a surgical procedure is performed using robotic assistance or robotic surgical devices (including but not limited to the da Vinci® Surgical System or the ZEUS™ Robotic Surgical System).

B. Reimbursement Adjustments

1. Reimbursement for procedures in which a robotic surgical system is used will be based on the contracted rate or maximum plan allowance (MPA) for the base procedure.
    a. Separate reimbursement is not allowed for the robotic surgical technique, whether reported under S2900, an unlisted procedure code, or another code. The line item will be denied entirely.
    b. If the surgical procedure itself is reported with an unlisted code due to the use of a robotic surgical system, the unlisted code will be manually priced based on the contracted fee or MPA for the listed procedure code for the base surgical procedure.

c. Additional reimbursement will not be approved for use of modifier 22.

d. 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.

e. When facility surgical charges are identified as excessive as compared with charges for the equivalent non-robotic surgeries, a 50% reduction is applied to the time-based anesthesia and operative charges. This is in addition to the denial of any line item that is specific to the robotic surgical technique (e.g., S2900, etc.)

2. No additional reimbursement is provided 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 to the insurance carrier. 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.

   a. Example A:
   A provider performs a laparoscopic prostatectomy with robotic assistance. The physician bills for the services 55866 (laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing), with the add-on code S2900 (indicating robotic assistance). Payment will be made only for the base procedure 55866.

   b. Example B:
   A provider performs a laparoscopic prostatectomy with robotic assistance. The physician bills for the services using 55899 (unlisted procedure, male genital system). The description supplied for the unlisted code is laparoscopic radical retropubic prostatectomy, using da Vinci surgical system. 55899 will be manually priced based on the allowance for listed base procedure 55866.

Codes, Terms, and Definitions

Acronyms & Abbreviations Defined

Acronym or Abbreviation		Definition
AMA	=	American Medical Association
ASC	=	Ambulatory Surgery Center
CCI	=	Correct Coding Initiative (see "NCCI")
CMS	=	Centers for Medicare and Medicaid Services
CPT	=	Current Procedural Terminology
DRG	=	Diagnosis Related Group (also known as/see also MS DRG)
HCPCS	=	Healthcare Common Procedure Coding System (acronym often pronounced as "hick picks")
HIPAA	=	Health Insurance Portability and Accountability Act

Acronym or Abbreviation		Definition
MPA	=	Maximum Plan Allowance, Maximum Plan Allowable
MS DRG	=	Medicare Severity Diagnosis Related Group (also known as/see also DRG)
NCCI	=	National Correct Coding Initiative (aka "CCI")
RPM	=	Reimbursement Policy Manual (e.g., in context of "RPM052" policy number, etc.)
UB	=	Uniform Bill

Definition of Terms

Term	Definition
Maximum Plan Allowable	The maximum amount that We will reimburse providers. For a participating provider, the maximum amount is the contracted fee. For an out-of-network provider, the maximum amount is the lesser of any supplemental provider fee arrangements We may have in place and other pricing calculation sources which vary depending upon the type of billing provider.

Procedure codes (CPT & HCPCS):

Code	Code Description
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure).

Modifier Definitions:

Note: None of these modifiers are appropriate to use for reporting robotic Assisted Surgery.

Modifier	Modifier Description & Definition
Modifier 22	**Increased Procedural Services:** When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required). **Note:** This modifier should not be appended to an E/M service.

Modifier	Modifier Description & Definition
Modifier 80	**Assistant Surgeon:** Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).
Modifier 81	**Minimum Assistant Surgeon:** Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.
Modifier 82	**Assistant Surgeon (when qualified resident surgeon not available):** The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s).
Modifier AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery.

Coding Guidelines & Sources - (Key quotes, not all-inclusive)

Use of Modifier 22 is not appropriate if the sole use of the modifier is to report and bill for the use of robotic assistance. Modifier 22 may be used to report unusual complications or complexities which occurred during the surgical procedure that are unrelated to the use of the robotic assistance system.

It is not appropriate to report the use of a robotic surgical device as a "surgical assistant" or an "assistant surgeon" with modifier -80, -81, -82, or –AS.

Cross References

A. "Modifier 22 – Increased Procedural Services", Moda Health Reimbursement Policy number RPM 007.

B. "Modifiers 80, 81, 82, and AS - Assistant At Surgery." Moda Health Reimbursement Policy Manual, RPM013.

References & Resources

1. *Robotic Assisted Surgery, Updated Final Evidence Report.* Center for Evidence-based Policy, Oregon Health & Science University. May 3, 2012. 20 December 2012, http://www.hta.hca.wa.gov/documents/ras_corrected_final_report_050312.pdf .

2. Mamula, Kris B. *Study: Robot-assisted Surgery Costs More*. Pittsburgh Business Times, May 23, 2012. 20 December 2012, http://www.bizjournals.com/pittsburgh/news/2012/05/23/robot-assisted-surgery-costs-higher.html?page=all .

3. Kilgore, Christine. *Robotic Hysterectomy Takes Off, Causing Concern*. OB.Gyn.News. December 1, 2011. 20 December 2012, http://www.obgynnews.com/index.php?id=11146&cHash=071010&tx_ttnews[tt_news]=119904 .

4. Oregon Health Authority (OHA). "Guideline Note 172, Interventions With Marginal Clinical Benefit Or Low Cost-Effectiveness For Certain Conditions – Rationale HCPCS S2900 Surgical techniques requiring use of robotic surgical system." Oregon Health Authority Health Evidence

Review Commission. Last updated January 4, 2022. Last accessed February 28, 2022. Landing page: https://www.oregon.gov/oha/HPA/DSI-HERC/SearchablePLdocuments//Prioritized-List-GN-172.docx . Rationale HCPCS S2900: https://www.oregon.gov/oha/HPA/DSI-HERC/SearchablePLdocuments/GL-172-Robotic-Assist-S2900.docx .

Background Information

Robotic-assisted surgery refers to a technology used to assist the surgeon in controlling the surgical technique. The surgeon generally views the operative field via a terminal and manipulates robotic surgical instruments via a control panel. Views of the surgical site are transmitted from tiny cameras inserted into the body. The use of computers and robotics is intended to enhance dexterity to facilitate micro-scale operations. However, research indicates the surgical and anesthesia times are typically longer, often by 50% or more, when robotic procedures are employed, yet the added cost is without documented clinical benefit.

"In robotic-assisted surgery, the same instruments used in laparoscopic surgery are connected to a robotic device that allows for 3-dimensional visualization, greater range of motion of the instruments, and improved ergonomics for the surgeon. Extensive marketing and competition among hospitals have led to widespread use of robotic surgery for a broad range of procedures, but it remains controversial because of its increased costs and lack of evidence of improved outcomes compared with non-robotic minimally invasive approaches." (OHA[4])

Robotic-assisted surgical devices have been proposed for various types of surgery, including, but not limited to:

- Cardiac
- Gastrointestinal
- Gynecology
- Maxillofacial
- Neurosurgery
- Ophthalmology
- Orthopedic
- Urology

IMPORTANT STATEMENT

The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan. Healthcare providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Our Reimbursement Policy is not intended to impact care decisions or medical practice.

Providers are responsible for submission of accurate claims using valid codes from HIPAA-approved code sets and for accurately, completely, and legibly documenting the services performed. Billed codes shall be fully supported in the medical record and/or office notes. Claims are to be coded appropriately according to industry standard coding guidelines (including but not limited to UB Editor, AMA, CPT, CPT Assistant, HCPCS, DRG guidelines, CMS' National Correct Coding Initiative [CCI] Policy Manual, CCI table edits and other CMS guidelines).

Benefit determinations will be based on the member's medical benefit plan. Should there be any conflicts between our Reimbursement Policy and the member's medical benefit plan, the member's medical

benefit plan will prevail. Fee determinations will be based on the applicable provider fee schedule, whether out of network or participating provider's agreement, and our Reimbursement Policy.

Policies may not be implemented identically on every claim due to variations in routing requirements, dates of processing, or other constraints; we strive to minimize these variations.

***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed or saved electronic version of this policy, please verify the information by going to https://www.modahealth.com/medical/policies_reimburse.shtml *****

Policy History

Date	Summary of Update
2/14/2024	Annual review. Last reviewed date updated. No other changes.
10/12/2022	Formatting/Update: Change to new header. Converted to outline format. Modifier table added. Policy History section: Added. Entries prior to 2022 omitted (in archive storage).
7/6/2011	Policy initially approved by the Reimbursement Administrative Policy Review Committee & initial publication.
4/7/2008	Original Effective Date (with or without formal documentation). Policy based on OHA[4] and our Administrative decision.