APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Robotic surgical techniques are revolutionizing the way surgery is performed in an effort to improve patient outcomes. Current literature is limited but studies have shown that patients who undergo robotic-assisted procedures experience reduced surgical time, scarring, blood loss, pain, infection rates, and lengths of stay compared with patients who undergo open or laparoscopic procedures. Start-up costs for robotic systems are high and include the major equipment purchase as well as supplemental equipment purchases and staff member training. There is a need to develop standardized perioperative procedures or clinical guidelines that define optimal application of robotic-assisted surgery to ensure a standard of care consistent across procedures and operators.1,2

Robotic Assisted Surgery

Policy Number: HS-210

Original Effective Date: 9/5/2013

Robotic surgery refers to the use of surgical techniques assisted by a robotic surgical system, with the use of an endoscope instrument control system that interposes between a computer with a three-dimensional monitor, hand and/or foot controls, the surgeon’s hands and the tips of micro-instruments inserted into the patient. A robotic arm is equipped with surgical instruments and a small video camera, as well as flexible wrists that replicate the motion of a surgeon’s hands. Robotic surgery is minimally invasive and is designed to perform surgery with smaller incisions or ports through the use of an endoscope. The alternative to robotic assisted surgery is traditional surgery. Robotic assisted surgery includes, but is not limited to: Cardiac; Gastrointestinal; Gynecology; Neurosurgery; Maxillofacial; Ophthalmology; Orthopedic; Prostatectomy; Radiosurgery/Radiotherapy; and Urology.

Position Statements and Clinical Guidelines

The American Congress of Obstetricians and Gynecologists states that despite the advantages of robotic surgery for complex hysterectomies, research shows that the expense of such technology does not improve patient outcomes.\(^3\) In addition, no research shows that robotic hysterectomy is better than existing surgical methods.

The American Urology Association notes the importance of training and maintenance of privileges however, a formal position on robotic surgery has not been developed.\(^4\)

At this time, statements and/or guidelines have not been developed by the following organizations:

- American Association for Thoracic Surgery
- American College of Surgeons
- American Urological Association
- Centers for Medicare and Medicaid Services
- Neurological Society of America
- Society of Surgical Oncology
- Society of Thoracic Surgeons

**POSITION STATEMENT**

**Applicable To:**
- Medicaid
- Medicare

**Exclusions**

The use of robotic surgical devices not listed above (and for the stated indication) are considered experimental / investigational and not a covered benefit.

Members may NOT be eligible for robotic assisted surgery if not performed according to the device’s FDA indications.

**NOTE:** Code S2900 is NOT separately reimbursable when included as part of the primary surgical procedure.

**Coverage**

Robotic assisted surgery is considered medically necessary when reimbursement must be integral to the procedure and is not a separate service AND the credentialing of surgeons is the responsibility of the individual hospital.

Robotic assisted surgery systems are used in minimally invasive and endoscopic surgical procedures – most commonly general, urological, gynecological, thoracic, and pediatric surgery. Due to the number of systems available, discretion is left to the surgeon and facility.

When a Provider performs a surgical procedure using code S2900, reimbursement will be considered included as part of the primary surgical procedure. 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, (ie, 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 state the reason for the substantial additional work performed during the surgical procedure.

NOTE: Code S2900 is NOT separately reimbursable when included as part of the primary surgical procedure.

**CODING**

**Non-Covered CPT® Code** – No specific code for robotic assistance.

**Covered HCPCS® Code**

S2900* Surgical techniques requiring use of robotic surgical system *Non-Medicare

NOTE: Robotic-assisted surgery and/or robotic guidance systems are considered integral to the primary procedure and not separately reimbursable. See note in Position Statement.

NOTE: Code S2900 is NOT separately reimbursable when included as part of the primary surgical procedure.

**Non-Covered ICD-10-PCS Codes**

Refer to the following ICD-10-PCS table(s) for specific PCS code assignment based on physician documentation.

NOTE: Per ICD-10-PCS Coding Guidelines, “ICD-10-PCS codes are composed of seven characters.

Each character is an axis of classification that specifies information about the procedure performed.

Within a defined code range, a character specifies the same type of information in that axis of classification.

One of 34 possible values can be assigned to each axis of classification in the seven-character code”.

**8E0_CZ** Other procedures, Physiological Systems/Anatomical Regions, Other Procedures

**Non-Covered ICD-10-CM Diagnosis Codes** - All diagnosis are non-covered

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

**REFERENCES**


**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

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<td>• Approved by MPC. Coding update only (ICD-10 code).</td>
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