



PROVIDER REIMBURSEMENT GUIDANCE

Robotic Assisted Surgery

Original Date Approved	Effective Date Senior Care Options/One Care	Effective Date Medicare Advantage*	Revision Date
09/01/2022	11/01/2022	11/01/2022	
<p>Scope: Commonwealth Care Alliance (CCA) Product Lines</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Senior Care Options MA <input checked="" type="checkbox"/> One Care MA <input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA* <input checked="" type="checkbox"/> Medicare Value - (PPO) MA* <input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI* <input checked="" type="checkbox"/> Medicare Value - (PPO) RI* <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI* 			

PAYMENT POLICY SUMMARY:

Commonwealth Care Alliance® (CCA) 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 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.

AUTHORIZATION REQUIREMENTS:

Applicable CCA referral, notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

CCA considers S2900, (Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)) to be a technique integral to the primary surgical procedure and not a separately reimbursable service. When a surgical procedure is performed 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, (i.e., 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.



BILLING and CODING GUIDELINES:

The following code may be used to describe robotic assistance:

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

RELATED SERVICE POLICIES:

Modifier 22 Payment Policy

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

- [CCA Website](#)
- [CMS Website](#)
- [AMA CPT & Publication Services](#)
- Provider Manuals: [Massachusetts](#) / [Rhode Island](#)
- Prior Authorization Forms: [Massachusetts](#) / [Rhode Island](#)

POLICY TIMELINE DETAILS:

1. Effective 11/01/2022