

ROBOTIC SURGICAL SYSTEM

Policy

NHP does not provide additional reimbursement for robotic surgical services utilizing a robotic surgical system.

Definitions

Robotic Surgical System: 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.

Neighborhood Health Plan Reimburses

- Contracted providers for covered surgical procedures billed with the appropriate CPT procedure code reported for the service provided in accordance with their provider contract and network fee schedule.

Neighborhood Health Plan Does *Not* Reimburse

- Surgical procedures based on the type instruments, technique or approach used in a procedure. Such decisions are made at the discretion of the surgeon.
- Separately or additionally for the use of a robotic surgical system (including but not limited to the da Vinci Surgical System, ROBODOC Surgical Assistant System).
- The use of a robotic surgical system billed under an unlisted CPT procedure code.

Procedure Code

Note: This list of codes may not be all-inclusive.

Code	Descriptor	Comments
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	Not separately/additionally reimbursed, provider liable

Modifiers

Modifier	Descriptor	Comments
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 procedural code. Documentation must support the substantial additional work and the reason for the additional work (i.e. increased intensity, time, technical difficulty of procedure, severity of the patient’s condition, physical and mental effort required).	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 during a procedure. This modifier may only be used when reporting unusual complications or complexities during the surgical procedure NOT related to use of the robotic assistance system.

Provider Payment Guidelines and Documentation

Only the CPT procedure code for reporting the service provided will be reimbursed in accordance with the provider contract and fee schedule. Add-on HPCHS Level II code, S2900 (*Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure)*) is not separately reimbursable. The underlying surgery will be reimbursed based on the provider’s fee schedule.

Publication History

Topic: Robotic Surgical System	Owner: Provider Network Management
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2010 08 03 *Original documentation*

2012 03 20 *Annual review, disclaimer updated*

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider’s agreement, the terms and conditions of the provider’s agreement shall prevail. Neighborhood Health Plan utilizes McKesson’s claims editing software, ClaimCheck, a clinically oriented, automated program that identifies the “appropriate set” of procedures eligible for provider reimbursement by analyzing the current and historical procedure codes billed on a single date of service and/or multiple dates of service, and also audits across dates of service to identify the unbundling of pre and post-operative care. Questions may be directed to Provider Network Management at prweb@nhp.org.