

COMMERCIAL REIMBURSEMENT POLICY

Robotic-Assisted Surgery

Active

Section: Surgery/Interventional Procedure
Policy Number: 023
Effective Date: 05/01/24

Description

This policy addresses coding and reimbursement for robotic-assisted surgery when reported on a professional (837P) or outpatient facility (837I) claim.

Policy Statement

Robotic-Assisted Surgery Technique

Blue Cross and Blue Shield of Minnesota (Blue Cross) considers robotic-assisted surgery to be a technique that is integral to the primary surgical procedure and not a separately reimbursable service. Therefore, no additional reimbursement will be made for robotic-assisted surgical technique whether reported under S2900 or an unlisted procedure code. Additionally, separate reimbursement will not be allowed for use of modifier 22 appended to a surgical procedure code for use of robotic-assisted surgical technique.

Robotic-Assisted Surgery and Assistant-at-Surgery/Co-Surgeon Services

Eligibility for assistant-at-surgery or co-surgeon reimbursement (as applicable) is based on the Centers for Medicare and Medicaid Services (CMS) Assistant-at-Surgery/Co-Surgeon indicators assigned to the primary procedure code. If the primary procedure code is assistant-at-surgery or co-surgeon eligible per the CMS indicator, Blue Cross will consider reimbursement for assistant-at-surgery or co-surgeon services, regardless of the surgical technique utilized. Refer to *Commercial Surgery/Interventional Procedure: 001 Assistant-at-Surgery Reimbursement Policy* and *Commercial Surgery/Interventional Procedure: 003 Co-Surgeon and Team Surgeon Reimbursement Policy*.

Documentation Submission

Documentation must identify and describe the services performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, applicable fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only



codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: N/A
ICD-10 Diagnosis: N/A
ICD-10 Procedure: N/A
CPT/HCPCS: S2900
Revenue Codes: N/A

Resources

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| Current Procedural Terminology (CPT®) |
| Healthcare Common Procedure Coding System (HCPCS) |
| Medicare Physician Fee Schedule (MPFS) Relative Value File |

Policy History

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| 12/02/2014 | Initial Committee Approval |
| 03/04/2019 | Annual Policy Review |
| 01/26/2021 | Annual Policy Review |
| 11/29/2021 | Revised |
| 05/24/2022 | Revised |
| 04/25/2023 | Revised |
| 11/28/2023 | Revised |
| 04/23/2024 | Revised |

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