Policy Name | Robotic-Assisted Surgery
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Summary | This policy addresses reimbursement of robotic-assisted surgery.
Policy Statement | Robotic-assisted surgery enhances performance of surgical technique by allowing the surgeon to view the operative field via a terminal and to manipulate robotic surgical instruments via a control panel.
Medica considers robotic-assisted surgery an integral part of the procedure and not a separately reimbursable service. Therefore Medica will deny HCPCS code S2900. Additionally, it is not appropriate to bill modifier 22 if used solely to report robotic assistance. Modifier 22 may only be used when substantial additional work is performed that is not related to robotic assistance.
Definitions | S2900 – Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure).
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 (i.e., increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required).
Resources | • Centers for Medicare and Medicaid Services (CMS)
• *Current Procedural Terminology* (CPT®)
• Healthcare Common Procedure Coding System (HCPCS)
Effective Date | 03/14/2010
Revision Updates | 08/22/2019 Annual policy review
| 08/17/2017 Annual policy review
| 09/22/2016 Annual policy review

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