



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Robotics in Surgery

Policy Number: 10.01.520
Origination: 11/2005

Last Review: 11/2013
Next Review: 11/2014

Policy

The use of robotics in surgery may be considered **medically necessary** as an alternative to the corresponding standard surgical procedures if it employs the same surgical techniques and principals as the standard surgery. Medical necessity and reimbursement will be based on the standard code for the procedure (e.g., the laparoscopic prostatectomy, stereotactic radiosurgery).

If robotic assist is used for a procedure, no additional reimbursement will be made.

Considerations

A Blue Cross Blue Shield of Kansas City or Blue Cross Blue Shield Association medical policy for specific procedures utilizing robotic surgery would override this policy.

Description of Procedure or Service

In standard laparoscopic or minimally invasive surgery, surgeons pass a laparoscope, a flexible fiberoptic instrument equipped with biopsy forceps, scissors and other surgical tools, through a small incision.

Robotic surgery vastly expands laparoscopic capabilities by allowing surgeons to view the operating field in 3-D using a tiny camera to manipulate instruments more precisely. The robotic arms, which have a "wrist" built in to the end of the tool, give surgeons additional manipulation ability during laparoscopic surgery, enabling easier, more intricate motion and better control of surgical tools. It enables a surgeon to perform surgery while seated at a console with a computer and video monitor. The surgeon uses hand grips and foot pedals on the console to control three robotic arms that perform the surgery using a variety of surgical tools.

Robotically assisted stereotactic surgery is a procedure that involves the use of implanted metallic markers, bony landmarks, or adhesive skin markers to provide reference points for precise three-dimensional localization and surgical or radiosurgical intervention of a given treatment site with the aid of a computerized robotic system for one or more steps in the procedure. Robotic-assisted stereotactic surgery has been introduced for a variety of indications, including intracranial and extracranial malignant and benign tumors, vascular malformations, and neurologic diseases, including trigeminal neuralgia and movement disorders. CyberKnife, developed by Accuray Incorporated, received FDA clearance for a compact, lightweight linear accelerator (linac) mounted on a robotic arm that can provide lesion treatments anywhere in the body.

Billing Coding/Physician Documentation Information

- S2900** Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)
- G0339** Image guided robotic linear accelerator base stereotactic radiosurgery, complete course of therapy in one session, or first session of fractionated treatment
- G0340** Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session,

second through fifth sessions, maximum five sessions per course of treatment

The procedure should be billed using the specific CPT code for the robotically assisted procedure, if available. If there is not a specific code, the procedure should be billed using the CPT code for the standard procedure and the specific code for the robot-assistance (S2900). S2900 would be considered a component of (subset to) the primary procedure. The use of an unlisted code to indicate a robotically assisted procedure would be considered incorrect billing and the claim will be returned for correction.

Additional Policy Key Words

N/A

Policy Implementation/Update Information

11/1/05	New policy. Added to the Administrative section.
11/1/06	No policy statement changes.
11/1/07	No policy statement changes.
11/1/08	No policy statement changes.
11/1/09	No policy statement changes.
11/1/10	No policy statement changes.
11/1/11	No policy statement changes.
11/1/12	No policy statement changes.
11/1/13	No policy statement changes.

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