

# Cigna Reimbursement Policy



Last Review Date ..... 04/29/2014

[Policy History/Updates:](#)

Reimbursement Policy Number ..... R04

## Subject Robotic Assisted Surgery

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### Related Policies:

### INSTRUCTIONS FOR USE

Reimbursement policies are intended to supplement certain **standard** Cigna benefit plans. Please note, the terms of an individual's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which a reimbursement policy is based. For example, an individual's benefit plan document may contain specific language which contradicts the guidance outlined in a reimbursement policy. In the event of a conflict, an individual's benefit plan document **always supercedes** the information in a reimbursement policy. Proprietary information of Cigna. Copyright ©2014 Cigna

## Reimbursement Policy

**Cigna does not provide additional or separate reimbursement for the use of robotic surgical devices (e.g., da Vinci® Surgical System, ZEUS™ Robotic Surgical System).**

## General Background

Robotic-assisted surgery refers to an emerging 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 microscale operations.

Robotic-assisted surgical devices have been proposed for various types of surgery, including, but not limited to:

- Cardiac
- Gastrointestinal
- Gynecology
- Maxillofacial
- Neurosurgery
- Ophthalmology
- Orthopedic
- Urology

Cigna does not provide additional reimbursement based upon the type of instruments, technique or approach used in a procedure. Such matters are left to the discretion of the surgeon. Additional professional or technical reimbursement will not be made when a surgical procedure is performed using robotic assistance.

Reimbursement for procedures in which a robotic surgical system is used will be based on the contracted rate or usual and customary fee or maximum reimbursable charge for the base procedure. Separate reimbursement is not allowed for the robotic surgical technique. Reimbursement for the base procedure may be subject to medical necessity review.

The following code is used in addition to the primary procedure to report the use of robotic assistance during a procedure:

**HCPCS Code S2900**—Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure). This add-on code was released as a new code in July 2005. At that time, it was added to the list of non-reimbursable codes for Medicare.

Example: A provider performs a laparoscopic prostatectomy with robotic assistance. The physician bills for the services with CPT® code 55866 (laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing), with the add-on HCPCS code S2900 (indicating robotic assistance). Payment will be made only for the base procedure 55866.

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. Modifier 22 may be used to report unusual complications or complexities which occurred during the surgical procedure that are unrelated to the use of the robotic assistance system.

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## Coding/Billing Information

**Note:** 1.) This list of codes may not be all-inclusive.  
2.) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement  
3) ICD-10-CM Procedure Codes are for informational purposes only and are not effective until 10/01/2015.

### Not Separately Reimbursed:

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

ICD-9-CM Procedure Codes	Description
17.41*	Open robotic assisted procedure
17.42*	Laparoscopic robotic assisted procedure
17.43*	Percutaneous robotic assisted procedure
17.44*	Endoscopic robotic assisted procedure
17.45*	Thoracoscopic robotic assisted procedure
17.49*	Other and unspecified robotic assisted procedure

### \*Code first primary procedure

ICD-10-CM Procedure Codes (Effective	Description
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<b>10/01/2015)</b>	
8E090CZ	Robotic Assisted Procedure of Head and Neck Region, Open Approach
8E093CZ	Robotic Assisted Procedure of Head and Neck Region, Percutaneous Approach
8E094CZ	Robotic Assisted Procedure of Head and Neck Region, Percutaneous Endoscopic Approach
8E097CZ	Robotic Assisted Procedure of Head and Neck Region, Via Natural or Artificial Opening
8E098CZ	Robotic Assisted Procedure of Head and Neck Region, Via Natural or Artificial Opening Endoscopic
8E09XCZ	Robotic Assisted Procedure of Head and Neck Region
8E0W0CZ	Robotic Assisted Procedure of Trunk Region, Open Approach
8E0W3CZ	Robotic Assisted Procedure of Trunk Region, Percutaneous Approach
8E0W4CZ	Robotic Assisted Procedure of Trunk Region, Percutaneous Endoscopic Approach
8E0W4CZ	Robotic Assisted Procedure of Trunk Region, Percutaneous Endoscopic Approach
8E0W7CZ	Robotic Assisted Procedure of Trunk Region, Via Natural or Artificial Opening
8E0W8CZ	Robotic Assisted Procedure of Trunk Region, Via Natural or Artificial Opening Endoscopic
8E0WXCZ	Robotic Assisted Procedure of Trunk Region
8E0X0CZ	Robotic Assisted Procedure of Upper Extremity, Open Approach
8E0X3CZ	Robotic Assisted Procedure of Upper Extremity, Percutaneous Approach
8E0X4CZ	Robotic Assisted Procedure of Upper Extremity, Percutaneous Endoscopic Approach
8E0X4CZ	Robotic Assisted Procedure of Upper Extremity, Percutaneous Endoscopic Approach
8E0XXCZ	Robotic Assisted Procedure of Upper Extremity
8E0Y0CZ	Robotic Assisted Procedure of Lower Extremity, Open Approach
8E0Y3CZ	Robotic Assisted Procedure of Lower Extremity, Percutaneous Approach
8E0Y4CZ	Robotic Assisted Procedure of Lower Extremity, Percutaneous Endoscopic Approach
8E0Y4CZ	Robotic Assisted Procedure of Lower Extremity, Percutaneous Endoscopic Approach
8E0YXCZ	Robotic Assisted Procedure of Lower Extremity

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## References

1. American Medical Association. Coding with Modifiers: A Guide to Correct CPT® and HCPCS Level II Modifier Usage. © 2007
  2. American Medical Association. Current Procedural Terminology (CPT®) © 2013 Professional Edition.
  3. ICD-9 CM 2013, Procedures. Volume 3.
  4. ICD-10-PCS 2014. International Classification of Diseases Procedure Coding System ©2013 Transition & Training Edition.
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## Policy History/Updates

Date	Change/Update
04/29/2014	Policy Template updated, added ICD-10-PCS codes effective 10/01/2015, updated reference section
04/01/2013	Updated with ICD-9 Procedure Codes and new template.
05/30/2011	Policy template updated
08/06/2009	Policy effective with CIGNA Great-West business
04/04/2008	Policy updated
09/22/2007	Policy effective for CIGNA HealthCare

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