

Robotic Assisted Surgical Procedures	
Type: Payment Policy	Policy Specific Section: Payment
Original Policy Date: December 5, 2012	Effective Date: December 5, 2012

Description

Robotic surgical systems are technology developed to simplify and overcome technical limitations of minimally invasive surgery (e.g., conventional laparoscopy), and enhance the surgeon's dexterity and control in the performance of open surgeries.

In general, robotic surgical systems are comprised of a number of components: the surgeon interface (console), the bedside robotic system, and the imaging processor. Robotic-assisted surgery resembles conventional laparoscopic surgery in that all of the instruments are manipulated through small incisions. However, the robotic surgical system has a number of technological advantages including a binocular camera which provides a three-dimensional magnified view of the surgical field (improving depth perception), increased tool mobility, hand micro-motion reduction, and computer-enhanced precision

Policy

Blue Shield of California does not provide reimbursement for HCPCS code S2900, the professional surgical techniques used during robotic surgery. This HCPCS code includes the surgeons use of robotic devices such as; da Vinci® Surgical System, ZEUS™ Robotic Surgical System, etc. Blue Shield of California deems this service to be included in the primary surgical procedure.

Policy Guideline

This payment policy only pertains to surgical techniques using a robotic surgical system, HCPCS S2900.

Rationale

Guideline: When such evidence is not available, to adjudicate claims as permitted by provider contracts and the provider manual so that payment is proportionate to the work or cost of inputs involved in the most efficient provision of the services/devices.

Code(s) in Scope:

This Policy relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore, contract language should be reviewed before applying the terms of the Policy. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement.

Type	Number	Description
CPT	N/A	
HCPC	S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)
ICD9 Procedure	N/A	
ICD10 Procedure	N/A	
ICD9 Diagnosis	N/A	
ICD10 Diagnosis	N/A	
Place of Service	N/A	

Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Payment Policy.

Effective Date	Action	Reason
12/5/2012	Policy Adopted	Payment Policy Committee

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.