Anthem Blue Cross and Blue Shield Healthcare Solutions
Medicaid Managed Care

Reimbursement Policy

Subject: Robotic Assisted Surgery
Policy Section: Surgery
Last Approval Date: 10/26/17 Effective Date: 09/11/11

Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to https://providers.anthem.com/nv.

Disclaimer
These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem). The determination that a service, procedure, item, etc. is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Anthem may:
• Reject or deny the claim.
• Recover and/or recoup claim payment.

Anthem reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Anthem strives to minimize these variations.

Anthem reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

Policy
Anthem does not allow separate or additional reimbursement for the use of robotic surgical systems unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Robotic surgical systems refer to robotic technology integral or optional in a surgical procedure. This policy applies to both professional and facility providers.

Robotic technique is considered included in the primary surgical procedure, and reimbursement will be based on the payment for the primary surgical procedure(s) regardless of any instruments, supplies, techniques, or approaches used in a procedure or increase on operating room use.

https://providers.anthem.com/nv
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ANV-RP-0083-21 September 2021
Note: S2900- Surgical technique requiring use of robotic surgical system (list separately in addition to code for primary procedure). This code is not separately reimbursable.

### Related Coding

<table>
<thead>
<tr>
<th>Policy Section</th>
<th>Code(s)</th>
<th>Comments</th>
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<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>Standard correct coding applies.</td>
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### Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>(06/16/21)</td>
<td>Biennial review approved: No policy language changes, added reference to both professional and facility. Added S2900.</td>
</tr>
<tr>
<td>(07/29/19)</td>
<td>Biennial review approved and effective: Policy language restructured.</td>
</tr>
<tr>
<td>(02/01/18)</td>
<td>Policy template updated; Nevada branding, Nevada removed</td>
</tr>
<tr>
<td>(10/26/17)</td>
<td>Biennial review approved: Policy template updated</td>
</tr>
<tr>
<td>(05/14/15)</td>
<td>Biennial review approved and effective: Policy language updated; Background section updated; Definitions section updated; Related policies section updated</td>
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<tr>
<td>(04/14/14)</td>
<td>Review approved: Policy template updated</td>
</tr>
<tr>
<td>(05/06/13)</td>
<td>Biennial review approved: Policy template updated</td>
</tr>
<tr>
<td>(02/28/11)</td>
<td>Initial committee approval and effective 09/11/11</td>
</tr>
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### References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid agencies
- State contracts
- U.S. Food and Drug Administration (FDA)

### Definitions

**Robotic Assisted Surgery**

The use of computer and software technology to control and move surgical instruments through one or more tiny incisions in the patient’s body for a surgical procedure.

### General Reimbursement Policy Definitions

### Related Policies and Materials

None