



Effective: 10/21/2022
Last Approved: 9/13/2022
Next Review: 10/31/2023
Lines Of Business: All Lines of Business

Robot Assisted Surgery

PURPOSE:

This policy is designed to serve as guidelines for reimbursement on robot assisted surgery and microsurgical techniques.

PROCEDURE DESCRIPTION:

Robotic surgical systems and micro surgical techniques describes computer-aided tools utilized during specific surgical procedures.

PROCEDURE:

1. The use of HCPCS codes for robotic surgical systems (S2990) or microsurgical techniques (69990) are required to be listed in addition to the code for the primary surgical procedure. The Health Plan considers both S2990 and 69990 not separately reimbursable as they are considered integral to the primary surgical procedure.

CODING:

HCPCS Code	Description
S2900	Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure)
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)

Post-payment Review:

The claim and record must include documentation that reflects the criteria of this policy, and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

REFERENCES:

Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS); HCPCS Release and Code sets. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/>

POLICY HISTORY:

Date	Description
8/9/2022	This policy was transitioned from a THP Transplant and New Technology (T&T) policy. In transitioning it to a medical policy, edits were made to the formatting. References and a coding section were also added. The previous version of this policy is available upon request.

DISCLAIMER

This policy is intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry standard claims editing logic, benefit design and other factors are considered in developing payment policies. This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgement. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

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All revision dates:

9/13/2022