

## Robotic Assisted Surgery Policy, Professional

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

**Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.**

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

\*CPT® is a registered trademark of the American Medical Association

### Application

**This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid and Medicare products.**

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

### Policy

#### Overview

The Health Care Common Procedure Coding System (HCPCS) code S2900 (Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)) describes a computer-aided tool used in performing a specific surgical procedure. UnitedHealthcare Community Plan considers S2900 not separately reimbursable.

#### Reimbursement Guidelines

According to the Centers for Medicare and Medicaid Services (CMS), medical and surgical procedures should be reported with the Current Procedural Terminology (CPT®)/HCPCS codes that most comprehensively describe the services performed.

UnitedHealthcare Community Plan considers S2900, (Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)) to be a technique integral to the primary surgical procedure and not a separately reimbursed service. When a surgical procedure is performed using code S2900, reimbursement will be considered included as part of the primary surgical procedure.

Use of Modifier 22 (increased procedural services) appended to the primary surgical procedure is not appropriate if

used exclusively for the purpose of reporting the use of robotic assistance. Modifier 22 may only be used when substantial additional work is performed, (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, and physical and mental effort required) that is unrelated to robotic assistance. Documentation must demonstrate the reason for the substantial additional work performed during the surgical procedure. See the UnitedHealthcare Community Plan Increased Procedural Services Reimbursement Policy for additional information on modifier 22.

### State Exceptions

<b>Kentucky</b>	Per state regulations, the state of Kentucky is exempt from this policy.
<b>Washington DC</b>	Per district regulations, DC is exempt from this policy.

### Codes

S2900
-------

### Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Coding with Modifiers*

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

### History

<b>2/2/2022</b>	State Exception Change: Kentucky Added
<b>1/1/2021</b>	State Exception Change: Kentucky Added
<b>3/29/2020</b>	Policy Version Change Code Section: Code description has been removed History Section – Entries prior to 1/1/2018 archived
<b>11/1/2019</b>	Annual Anniversary Version Change Title Section: Removed Annual Approval information & moved policy # to the header History Section - Entries prior to 1/1/2017 archived
<b>9/15/2018</b>	Application section updated per legal update
<b>3/15/2010</b>	Policy implemented by UnitedHealthcare Community & State