



CIGNA REIMBURSEMENT POLICY

The following Reimbursement Policy applies to all plans administered by CIGNA Companies including plans administered by Great-West Healthcare, which is now a part of CIGNA.

Original Effective Date09/22/2007
[Policy History/Updates](#)
Reimbursement Policy NumberR04

Subject Robotic Assisted Surgery

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INSTRUCTIONS FOR USE

Reimbursement policies are intended to supplement certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of 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 these reimbursement policies are based. For example, an individual's benefit plan document may contain a specific exclusion related to a topic addressed 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 ©2011 CIGNA

Reimbursement Policy

CIGNA HealthCare does not provide additional 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 HealthCare 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 55866 (laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing), with the add-on 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.

References

1. American Medical Association. Current Procedural Terminology (CPT®) © 2008 Professional Edition.
2. American Medical Association. Coding with Modifiers: A Guide to Correct CPT® and HCPCS Level II Modifier Usage. © 2007.

Policy History/Updates

Date	Change/Update
05/30/2011	Policy template updated
08/06/2009	Policy effective with CIGNA Great-West business
04/04/08	Policy updated
09/22/2007	Policy effective for CIGNA HealthCare

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