

PreferredOne

DEPARTMENT: Pricing & Payment	APPROVED DATE: 09/30/2016
POLICY DESCRIPTION: Robotic Assisted Surgery S2900	
EFFECTIVE DATE: 1/1/2017	
PAGE: 1 of 1	REPLACES POLICY DATED:
REFERENCE NUMBER: P#26	RETIRED DATE:

SCOPE: Claims, Coding, Customer Service, Medical Management, Finance, Network Management

PURPOSE: To provide reimbursement guidelines for robotic assisted surgery

POLICY: PreferredOne will not pay separately for robotic assisted surgery as it is considered an integral part of the procedure.

COVERAGE: Coverage is subject to the terms of an enrollee's benefit plan. To the extent there is any inconsistency between this policy and the terms of an enrollee's benefit plan, the terms of the enrollee's benefit plan documents will always control. Enrollees in PreferredOne Community Health Plan (PCHP) and some non-ERISA group health plans that PreferredOne Administrative Services, Inc, (PAS) administers are eligible to receive all benefits mandate by the state of Minnesota. Please call customer service telephone number on the back of the enrollee's insurance card with coverage inquiries.

PROCEDURE:

1. This policy applies to both facility UB04 and professional HCFA 1500 claims.\
2. Robotic Assisted surgery is reported using HCPCS S2900 "Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)".
3. PreferredOne will not separately reimburse HCPCS code S2900 when billed.
4. Modifier -22 is not appropriate to bill on the principal procedure if used solely to report robotic assistance.

DEFINITIONS:

REFERENCES: