



Reimbursement Policy

Subject: Robotic Assisted Surgery

Effective Date:
05/14/15

Committee Approval Obtained:
10/26/17

Section: **Surgery**

*****The most current version of the reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to <https://providers.amerigroup.com>. Under Quick Tools, select Reimbursement Policies > Medicaid/Medicare. Note: State-specific exemptions may apply. Please refer to the Exemptions section below for specific exemptions based on your state.*****

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup benefit plan. 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, Amerigroup may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Amerigroup 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 These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements.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, Amerigroup strives to minimize these variations.

Amerigroup 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 this site.

Policy

Amerigroup 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. Surgical techniques requiring use of robotic surgical systems will be considered integral to the surgical services and not a separate service.

	Reimbursement will be based on the payment for the primary surgical service(s).
Exemptions	There are no exemptions to this policy.
History	<ul style="list-style-type: none"> • Biennial review approved 10/26/17: Policy template updated • Effective 12/31/15: Exited Florida Medicare • Biennial review approved and effective 05/14/15: Policy language updated; Background section updated; Definitions section updated; Related policies section updated • Effective 06/01/14: Exited Ohio • Review approved 04/14/14: Policy template updated • Biennial review approved 05/06/2013: Policy template updated • Committee approval 02/28/11 with effective date of 09/11/11: Policy adapted from prior policy, Robotic Assisted Surgeries (#06-113), effective 10/17/06 and retired 10/20/08
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State Medicaid • Amerigroup state contracts • U.S. Food and Drug Administration (FDA)
Definitions	<ul style="list-style-type: none"> • Robotic Assisted Surgery: a technology used in a surgical procedure to assist the surgeon in controlling the surgical technique • Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • None
Related Materials	<ul style="list-style-type: none"> • None