



Robotic Procedures

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P&P # C.5.19

Policy

The Medical Management Department reviews referral requests for authorization of robotic and robot-assisted procedures.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

Documentation Required:

In order to facilitate the authorization process, referral requests must include the following:

- A. Documentation of the patient's diagnosis, medical history and physical exam, surgical plan of care and planned surgical procedure.

II. Criteria for Medical Necessity

- A. Robotic-assisted surgery is considered medically necessary for laparoscopic prostatectomy using the CPT code 55866.

In all other surgeries, the use of robotics is at the discretion of the surgeon to determine the most appropriate technique. The use of robotic devices to assist with surgery is considered an integral part of the primary surgery and the S2900 code (Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)) will not be reimbursed separately from the primary surgery code(s).

- B. **Indications considered Experimental, Investigational or not Medically Necessary** (not an all-inclusive list):

1. Robotic-assisted gastrointestinal surgery including:
 - a. Laparoscopic hernia repair;
 - b. Cholecystectomy;
 - c. Nissen fundoplication;
 - d. Heller myotomy;
 - e. Paraesophageal hernia repair;
 - f. Bariatric surgery;
 - g. Liver cancer resection;
 - h. Pancreatic cancer resection;

- i. Colon cancer resection;
 - j. Rectal cancer resection.
2. Robotic-assisted benign gynecologic surgery including:
 - a. Sacrocolpopexy, and
 - b. Hysterectomy for benign reasons.
 3. Robotic-assisted malignant gynecologic surgery.
 4. Robotic-assisted urologic surgeries other than laparoscopic prostatectomy.
 5. Robotic-assisted nephrectomy.
 6. Robotic-assisted cardiothoracic surgery.
 7. Robotic-assisted surgery of the head and neck.
 8. Robotic-assisted surgery of any type in children age 21 and under.
 9. Robotic-assisted percutaneous coronary intervention (PCI).
 10. Total or partial knee arthroplasty with the Mako Robotic-Arm Assisted Surgery system in patients with osteoarthritis.

CPT Codes-Covered

55866	Laparoscopy, surgical prostatectomy, retro pubic radical, including nerve-sparing includes robotic assistance, when performed
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CPT codes-Not Covered

S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)
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