



## Robotic Procedures

Last Revision/Review Date: September 19, 2018

P&P # C.5.19

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### I. Documentation Required:

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, and
  - j. Rectal cancer resection.
2. Robotic-assisted benign gynecologic surgery including:
  - a. Sacrocolpopexy;
  - b. Hysterectomy for benign reasons.
3. Robotic-assisted urologic surgeries other than laparoscopic prostatectomy;
4. Robotic-assisted nephrectomy;
5. Robotic-assisted cardiothoracic surgery;
6. Robotic-assisted surgery of the head and neck;
7. Robotic-assisted surgery of any type in children age 21 and under;
8. Robotic-assisted percutaneous coronary intervention (PCI);
9. 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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