Subject: Robotic Assisted Surgery

ME Policy Status: Active

Effective: 07/01/2013

Coverage is subject to the terms, conditions, and limitations of an individual member’s programs or products and policy criteria listed below.

Description

Robotic Assisted Surgery is defined as the performance of operative procedures with the assistance of robotic technology.

Policy

The Health Plan considers the use of robotic technology to be a technique that is integral to the primary surgery being performed and, therefore, not eligible for separate reimbursement. When billed, there will be no additional payment for charges associated with robotic technology.

Examples of charges that are not eligible for separate or additional reimbursement are listed below.

- Increased operating room unit cost charges for the use of the robotic technology
- Charges billed under CPT® or HCPCS codes that are specific to robotic assisted surgery, including, but not limited to, S2900.

CPT® is a registered trademark of the American Medical Association

Use of Reimbursement Policy:

This policy is subject to federal and state laws, to the extent applicable, as well as the terms, conditions, and limitations of a member’s benefits on the date of service. Reimbursement Policy is constantly evolving and we reserve the right to review and update these policies periodically.

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