Subject: Robotic Surgical Systems

ME Policy: 0057 Committee Approved: 06/27/2018 Effective: 06/27/2018

Coverage is subject to the terms, conditions, and limitations of an individual member’s programs or products on the date of service 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 does not allow additional reimbursement for the use of robotic technology unless any individual facility provisions, contracts or state or federal guidelines indicate otherwise.

Robotic technique is considered included in the primary surgical procedure and is not separately reimbursable. For those procedures where robotic technology is included in the procedure code description, it is allowed in the primary surgical procedure’s reimbursement. Where robotic technology is not essential to the primary surgery, it would be considered optional and not separately payable. In both situations, there will be no additional payment for increased operating room unit cost charges, separately billed charges for the instrument, supplies, technique or approach used in a procedure. Reimbursement will be based on the payment for the primary surgical service(s).

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>06/27/2018</td>
<td>Policy review; minor language changes with no change to policy criteria.</td>
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<tr>
<td>07/01/2013</td>
<td>New policy.</td>
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</tbody>
</table>

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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