

n05737

**Robotic Assisted Surgery****Values**

Accountability • Integrity • Service Excellence • Innovation • Collaboration

**Abstract Purpose:**

This reimbursement policy outlines Network Health's process, for all lines of business, when professional claims are submitted for robotic assisted surgery and image-less computer-assisted surgical navigation for musculoskeletal procedures.

**Policy Detail:**

- I. For the purpose of this policy, Network Health considers the same individual physician or other health care professional to be the same individual rendering health care services reporting the same Taxpayer Identification Number (TIN).
- II. Network Health does not provide additional reimbursement based on the type of instrument, technique, or approach used in a procedure. When a surgical procedure is performed which requires the use of a robotic surgical system, reimbursement will be considered as part of the primary surgical procedure and not a separately reimbursable service.
  - A. **Commercial Claims:**  
If a claim is received for a surgical procedure performed with use of a robotic surgical system, the claim will deny with Claims Adjustment Reason Code (CARC) 97 *"The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."*
  - B. **Medicare Claims:**  
If a claim is received for a surgical procedure performed with use of a robotic surgical system, the claim will deny with Claims Adjustment Reason Code (CARC) 223 *"Adjustment code for mandated federal, state or local law/regulation that is not already covered by another code and is mandated before a new code can be created."*
- III. Network Health considers the image-less computer-assisted surgical navigational procedure for musculoskeletal procedures experimental and investigational; therefore is not eligible for reimbursement.
- IV. Modifier 22 appended to the primary surgical procedure is not appropriate if used exclusively for the purpose of reporting the use of robotic assistance. Modifier 22 should only be used when the work required to provide a service is substantially

greater than typically required. In addition, documentation must substantiate the additional work, including the reason for the additional work.

<b>CPT/HCPCS Code</b>	<b>Description</b>
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)

*\*CPT/HCPCS codes are subject to change as codes are retired or new codes are developed.*

**Definitions:**

**Modifier 22** – Increased Procedural Services

**Related Policies:**

Increased Procedural Service Reimbursement

**Origination Date: 10/2010**

**Update Date: 9/18/2023**

**Next Review Date: 8/26/2025**