

		Reimbursement Policy
Subject: Robotic Assisted Surgery		
Effective Date: 01/01/20	Committee Approval Obtained: 01/01/20	Section: Surgery
<p>***** The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.healthybluel.com.*****</p> <p>These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if the service is covered by a Healthy Blue Dual Advantage (HMO D-SNP) member’s plan. The determination that a service, procedure, item, etc. is covered under a member’s benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis as well as to the member’s state of residence. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to participating providers and facilities; a noncontracting provider who accepts Medicare assignment will be reimbursed for services according to the original Medicare reimbursement rates.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue Dual Advantage may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Healthy Blue Dual Advantage reimbursement policies are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements. System logic or set up may prevent the loading of policies into the claims platforms in the same manner as described; however, Healthy Blue Dual Advantage strives to minimize these variations.</p> <p>Healthy Blue Dual Advantage reserves the right to review and revise its policies periodically when necessary. When there is an update, we will publish the most current policy to the website.</p>		
Policy	<p>Healthy Blue Dual Advantage does not allow separate or additional reimbursement for the use of robotic surgical systems unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Robotic surgical systems refer to robotic technology integral or optional in a surgical procedure.</p> <p>Robotic technique is considered included in the primary surgical procedure, and reimbursement will be based on the payment for the</p>	

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	primary surgical procedure(s), regardless of any instruments, supplies, techniques or approaches used in a procedure, or increase in operating room use.
History	<ul style="list-style-type: none"> • Initial policy approval and effective date 01/01/20
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • State contract • U.S. FDA
Definitions	<ul style="list-style-type: none"> • Robotic Assisted Surgery: A technology used in a surgical procedure to assist the surgeon in controlling the surgical technique • General Reimbursement Policy Definitions.
Related Policies	<ul style="list-style-type: none"> • None
Related Materials	<ul style="list-style-type: none"> • None