

Reimbursement Policy	
Subject: Technology Assisted Surgical Procedures	
Policy Number: G-10004	Policy Section: Surgery
Last Approval Date: 02/22/2023	Effective Date: 09/01/2023

**** Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to <https://www.bluecrossnc.com/providers/blue-medicare-providers/healthy-blue-medicare>. ****

Disclaimer

These policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement by Blue Cross and Blue Shield of North Carolina (Blue Cross NC) if the service is covered for Healthy Blue + MedicareSM (HMO D-SNP). 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.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Blue Cross NC Medicare Advantage may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Blue Cross NC Medicare 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 These policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.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 setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Blue Cross NC Medicare Advantage strives to minimize these variations.

<https://www.bluecrossnc.com/provider-home>

Healthy Blue + MedicareSM (HMO D-SNP) is a Medicare Advantage plan offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC). Certain administrative services for Healthy Blue + Medicare are provided by Amerigroup Partnership Plan, LLC (Amerigroup) pursuant to an administrative services agreement. References to Blue Cross NC may mean Blue Cross NC or their designee, Amerigroup.

Blue Cross NC Medicare Advantage reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

Policy

Blue Cross NC Medicare Advantage does not allow separate or additional reimbursement for the use of technology assisted surgical procedures unless provider, state, federal, or CMS contracts and/or requirements indicate otherwise. Technology assisted surgical procedures consist of both robotic surgical systems, and computer assisted surgical systems.

Technology assisted surgical procedures below in the Related Coding section are considered integral to the primary surgical procedures and are included in the primary surgical procedure. Reimbursement will be based on the payment for the primary surgical procedure(s), regardless of any instruments, supplies, techniques, or approaches used in a procedure, or increase in operating room use.

Related Coding

Code	Description	Comments
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	This code is not reimbursable

Policy History

02/22/2023	Review approved and effective 09/01/2023: renamed policy title to <i>Technology Assisted Surgical Procedures</i> from <i>Robotic Assisted Surgery</i> ; updated policy language to include technology assisted surgical procedures, and computer assisted surgical systems; updated Definitions section
06/16/2021	Review approved: No policy language changes, added reference to both professional and facility; added S2900.
01/01/2021	Initial approval and effective

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 • Optum EncoderPro 2023 • Blue Cross NC Medicare Advantage contract(s) • U.S. Food and Drug Administration (FDA)

Definitions

Technology Assisted Surgical Navigation	The use of computer and software technology to control and move instruments through one or more tiny incision in the patient's body for a variety of surgical procedures. <i>Robotic Assisted Surgery</i> is one type of computer assisted surgical systems that are used for pre-operative planning, surgical navigation, and surgical procedure performance.
General Reimbursement Policy Definitions	

Related Policies and Materials

None
