



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

Robotic & Computer Assisted Surgery/Navigation

Corporate Payment Policy

APPROVED 01.08.2013

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Document Precedence

BCBSVT Payment Policy Manual was developed to provide guidance for members and providers regarding BCBSVT payment practices and facilitates the systematic application of BCBSVT member contracts, provider contracts, McKesson's Clear Claim Connection™ (C3) and medical policies. To the extent that there may be any conflict between the BCBSVT Payment Policy Manual, the McKesson's Clear Claim Connection™ (C3) tool, medical policy, or provider contract language, the McKesson's Clear Claim Connection™ (C3) the medical policy or provider contract language shall take precedence. If any policy is in conflict with the Member Certificate the language of the Member Certificate shall prevail.

Payment Policy

Description

Robotic surgery, computer assisted surgery, and robotically-assisted surgeries are terms for technological developments that use robotic systems to aid in surgical procedures.

Computer assisted surgery (CAS) represents a surgical concept and set of methods, that use computer technology for pre-surgical planning, and for guiding or performing surgical interventions.

Policy

The following payment policy applies to both Robotic and Computer-assisted surgery/navigation.

Not Eligible for Payment

BCBSVT **does not** provide separate or additional reimbursement for the use of robotic or computer assisted surgical systems because payment is included in the reimbursement for the primary procedure. Additionally, any professional or technical services and supplies required exclusively because surgery is performed using robotic or computer assistance are also **not eligible** for separate or additional payment.

CPT-4 or HCPC Level II Codes indicating robotic surgical system(s) or computer-assisted navigation will be denied as inclusive as they are **not eligible** for separate payment. Payments for surgical procedures will be the same whether robotic or computer assisted systems are used or not.

Eligible Services

N/A

Benefit Determination Guidance

It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Inter Plan Programs (IPP): In accordance with the Blue Cross Blue Shield Association's IPP rules, this payment policy governs the billing procedures for members of out-of-state Blue Plans who obtain goods or services from a Vermont-based member of the BCBSVT provider network. A member's out-of-state Blue Plan cannot dictate type of claim form upon which services must be billed, coding (codes and/or modifiers), place of service, or provider type unless it has its own direct contract with the provider (which is only permitted in certain limited situations). Provider billing practices are a local Plan (BCBSVT) responsibility that a member's out-of-state Blue Plan must honor. A member's out-of-state Blue Plan cannot apply its local billing practices on claims that were rendered in another Blue Plan's service area. The local Plan's payment policy applies. The member's out-of-state Blue Plan must recognize the local Plan's pricing and apply the local Plan's payment policy. To understand, if a service is eligible for payment it is important to verify the member's benefits prior to providing the service. In certain limited circumstances, the member may be financially responsible for services beyond the benefit provided for eligible services. For purposes of this payment policy, BCBSVT is the "local Plan."

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

Provider Billing Guidelines and Documentation

Coding Table¹

The Industry codes listed below are **not eligible** for separate or additional payment.

Please Note: Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Codes	Number	Description	Unit Designation
			(S = single M = multiple)
CPT/HCPC Ranges	+20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	S
	⊕+31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (list separately in addition to code for primary procedure[s])	S
	+61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	S

+61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	S
+61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	S
+0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	S
+0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	S
+52900	Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure)	S

+ = Add on code ⊙ = Moderate sedation

Revenue Codes

027X	Medical/Surgical Supplies/Devices (also see 062x as an extension of 027x)
036x	Operating Room Services
049x	Ambulatory Surgical Care
062x	Medical/Surgical Supplies (extension of 027x)

*These revenue codes or any combination of the listed revenue codes and CPT/HCPC from Coding Table¹ when used for indicating robotic surgical system(s) or computer-assisted navigation, or professional or technical services and supplies required exclusively because surgery is performed using robotic surgical system(s) or computer-assisted navigation will be denied inclusive as they are **not eligible** for separate payment.*

Principle Procedure Codes

17	Other Miscellaneous Procedures
17.4	Computer assisted robotic surgery Computer-enhanced robotic surgery Robotic procedure with computer assistance Surgeon-controlled robotic surgery Code first primary procedure Excludes: computer assisted surgery (00.31-00.35, 00.39) Note: This category includes use of a computer console with (3-D) imaging, software, camera(s), visualization and instrumentation <i>combined</i> with the use of robotic arms, device(s), or system(s) at the time of the procedure.
17.41	Robotic assistance in open procedure
17.42	Robotic assistance in laparoscopic procedure
17.43	Robotic assistance in percutaneous procedure
17.44	Robotic assistance in endoscopic procedure
17.45	Robotic assistance in thoracoscopic procedure
17.49	Robotic assistance in other and unspecified procedure Excludes: endoscopic robotic assisted procedure (17.44) laparoscopic robotic assisted procedure (17.42) open robotic assisted procedure (17.41) percutaneous robotic assisted procedure (17.43) thoracoscopic robotic assisted procedure (17.45)

Modifier (reimbursement):**-22****Increased Procedural Services**

[†]*Current Procedural Terminology CPT™ codes and descriptions are the property of the American Medical Association.*

Other Information

Provider ***should not*** append surgery codes with **Modifier -22** (Increased Procedural Service) to indicate robotic or computer-assisted surgery in order to receive separate or additional reimbursement for the use of robotic or computer systems. Claims billed with the Modifier -22 to indicate robotic or computer-assisted surgery will be denied or subject to recovery/recoupment of payment if a claim inadvertently processes.

Claims for robotic or computer assisted surgical systems are accepted on the CMS-1500 (HIPAA compliant 837P) format for professional claims.

Claims for robotic or computer assisted surgical systems are accepted on the UB-04 (HIPAA compliant 837I) format for institutional claims.

UB-04 claims must have a corresponding CPT and/or HCPCS code for the revenue codes listed in the policy that requires a corresponding CPT/HCPCS code be submitted. We encourage facilities to submit a CPT and/or HCPCS with all revenue codes to include those that do not require the combination be submitted.

Eligible Providers

Policy applies to all providers/facilities contracted with the Plan's Network (participating/in-network) and any non-participating/out-of-network providers/facilities.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the payment policy. If an audit identifies instances of non-compliance with this payment policy, BCBSVT reserves the right to recoup all non-compliant payments.

Legislative Guidelines

N/A

Related Policies

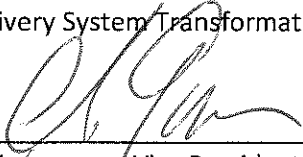
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Policy Implementation/Update information

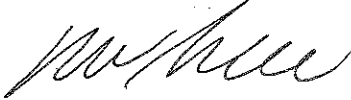
03/2013

Approved by
Delivery System Transformation Committee

Date Approved 01.08.2013



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