



**Clinical Review Criteria
Robotic Assisted Surgeries (RAS)**

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Criteria

For Medicare Members

Source	Policy
Local Coverage Determinations (LCD)	07/14/2016 Noridian RETIRED Non-Covered Services (L34886) and Billing and Coding: Non-Covered Services (A57642) . These services still need to meet medical necessity as outlined in the LCD and will require review. LCDs are retired due to lack of evidence of current problems, or in some cases because the material is addressed by a National Coverage Decision (NCD), a coverage provision in a CMS interpretative manual or an LCD. Most LCDs are not retired because they are incorrect. The criteria should be still referenced when making an initial decision. However, if the decision is appealed, the retired LCD cannot be specifically referenced. Maximus instead looks for "medical judgment" which could be based on our commercial criteria or literature search.

For Non-Medicare Members

Kaiser Permanente will not separately reimburse for the use of robotic surgical systems, including but not limited to the CPT/HCPCS codes listed in this document.

[Please refer to Kaiser Permanente payment policy for reimbursement clarifications.](#)

For high-tech radiology (imaging) procedures being requested for the purpose of robotic assisted surgery please refer to the **[High-End Imaging Site of Care Policy](#)**.

If requesting review for this service, please send the following documentation:

- Last 6 months of clinical notes from requesting provider &/or specialist.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Robotic assisted surgery involves use of a computerized system operated by a surgeon at a computer console connected with robotic arms. The system is used to assist in laparoscopic surgical procedures. Robotic assisted

surgery may allow for finer more precise control of the instruments by the surgeon, though surgery may take longer. Laparoscopic surgery is associated with improved postsurgical pain and recovery and with lower risk of infection and blood loss for some procedures compared with open surgery.

In 2000, the da Vinci robot was approved by the Food and Drug Administration (FDA) for general laparoscopic surgery. Numerous other indications for the da Vinci system have since been approved by the FDA, including urological procedures, gynecologic laparoscopic procedures, general thoracoscopic procedures, and others. In 2007, the American Medical Association determined that an additional CPT code for robotic-assisted procedures was not necessary.

Robotic assisted surgery has been used in the following procedures:

Prostatectomy; Hysterectomy; Nephrectomy; Cardiac Surgery; Adjustable Gastric Band; Adnexectomy; Adrenalectomy; Cholecystectomy; Colorectal Surgery (Colorectal Resection, Colectomy, Mesorectal Excision); Cystectomy; Esophagectomy; Fallopian Tube Reanastomosis; Fundoplication; Gastrectomy; Heller Myotomy; Ileovesicostomy; Liver Resection; Lung Surgery; Myomectomy; Oropharyngeal Surgery; Pancreatectomy; Pyeloplasty; Rectopexy; Roux-en-Y Gastric Bypass; Sacrocolpopexy; Splenectomy; Thymectomy; Thyroidectomy; Trachelectomy; and Vesico-vaginal Fistula.

In March 2013, the American Congress of Obstetricians and Gynecologists released a statement that said in part, "There is no good data proving that robotic hysterectomy is even as good as—let alone better—than existing, and far less costly, minimally invasive alternatives."

The Health Care Authority in Washington State conducted an evidence review for each procedure listed above and found the evidence to be minimal in most cases. The outcome of their review was to not pay additionally for the use of the robotic device use.

Applicable Codes

Not separately reimbursed:

CPT® Codes	Description
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)
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)
HCPC Codes	Description
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

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Date Created	Date Reviewed	Date Last Revised
03/04/2014	03/04/2014 ^{MPC} , 04/01/2014 ^{MPC} , 02/03/2015 ^{MPC} , 12/01/2015 ^{MPC} , 10/04/2016 ^{MPC} , 08/01/2017 ^{MPC} , 07/10/2018 ^{MPC} , 07/09/2019 ^{MPC} , 07/07/2020 ^{MPC} , 07/06/2021 ^{MPC} , 07/05/2022 ^{MPC} , 07/11/2023 ^{MPC}	07/25/2023

^{MPC} Medical Policy Committee

Revision History	Description
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09/08/2015	Revised LCD Non-Covered Services L34886
05/04/2020	Updated the Non-Medicare statement to match the Kaiser Permanente Payment Policy for Robotic Assisted Surgery
07/07/2020	Added Medicare LCA (A57642)
07/06/2021	Removed retired Medicare LCD (L35008) and LCA (A57642) for non-covered services. Added statement that policy does not apply to Medicare members.
07/25/2023	Added retired Medicare LCD (L35008) and LCA (A57642) for non-covered services. Removed statement that policy does not apply to Medicare members for clarity to reference Medicare.