

ROBOTIC ASSISTED SURGERY

Scope

This policy applies to:

- | | | |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington | <input checked="" type="checkbox"/> Kaiser Permanente Health Plan of Washington Options, Inc. | <input type="checkbox"/> Medicaid |
| <input checked="" type="checkbox"/> Commercial | <input type="checkbox"/> Medicare | |

Policy

Original Effective Date: 04/01/2014

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) will not separately reimburse for the use of [robotic surgical systems](#), including but not limited to, CPT/HCPCS S2900, 20985, 0054T, 0055T and 61781 – 61783.

Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

Policy Definitions

Robotic Surgical Systems - A computer-assisted tool used during a surgical procedure.

Prerequisite(s)

Not applicable

References

Not applicable

Frequently Asked Questions

- Q1:** A member has a total knee arthroplasty surgery. The provider codes for the surgery and computer-assisted navigational code. Will both codes be reimbursable?
A1: No. Kaiser Permanente will not separately reimburse robotic assisted codes.
- Q2:** A member has a hysterectomy. The provider codes for the surgery and robotics. Will both codes be reimbursable?
A2: No. Kaiser Permanente will not separately reimburse robotic assisted codes.

Revision History

08/29/2022 – Updated formatting

10/22/2021 – Revised payment policy to include CPT codes 61781 – 61783.

04/01/2021 – New policy

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.