



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

\*\*\*\* Visit our provider website for the most current version of the 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 reimbursement policies serve as a guide to assist you in accurate claims submissions and to outline the basis for reimbursement if Blue Cross and Blue Shield of North Carolina (Blue Cross NC) Medicare Advantage covered the service for the Healthy Blue + Medicare<sup>SM</sup> (HMO-POS D-SNP) member's benefit 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 Current Procedure Terminology<sup>®</sup> (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes, and/or revenue codes. These codes denote the services and/or procedures performed and, when billed, must be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our reimbursement policies apply to both participating and non-participating professional providers and facilities.

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.
- Adjust the reimbursement to reflect the appropriate services and/or procedures performed.

<https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

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These reimbursement policies may be superseded by mandates in provider, state, federal, or Centers for Medicare & Medicaid Services (CMS) contracts and/or requirements. Blue Cross NC Medicare Advantage strives to minimize delays in policy implementation. If there is a delay, we reserve the right to recoup and/or recover claims payment to the effective date in accordance with the policy. We reserve the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to the 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"> <li>• CMS</li> <li>• State contract</li> <li>• Optum EncoderPro 2023</li> <li>• Blue Cross NC Medicare Advantage contract(s)</li> <li>• U.S. Food and Drug Administration (FDA)</li> </ul>

<b>Definitions</b>	
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	

<b>Related Policies and Materials</b>
None

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