

**ROBOTICALLY ASSISTED SURGERIES**

Effective Date: September 1, 2025

Review Dates: 4/07, 6/07, 6/08, 6/09, 6/10, 6/11, 6/12,  
6/13, 8/14, 8/15, 8/16, 8/17, 8/18, 8/19, 8/20, 8/21,  
8/22, 8/23, 8/24, 8/25

Date Of Origin: April 11, 2007

Status: Current

**Summary of Changes**

## Additions:

- Added Section II. GOVERNMENTAL REGULATIONS

**I. POLICY/CRITERIA**

The following criteria apply to all robotically assisted surgeries:

- A. **Not separately payable:** Priority Health will pay for robotic surgery at the same professional and facility rate as similar procedures intended to produce the same outcomes.
- B. **Consideration for additional payment:** Additional payment will be considered if **reliable evidence** shows that significant and meaningful improvements in primary and secondary outcomes are demonstrated using robotics.
  1. **Primary outcomes** are defined as those outcomes intended by the procedure (cancer survival, uterus removal, coronary artery graft survival).
  2. **Secondary outcomes** for the purposes of this policy are defined as outcomes:
    - Whose benefits extend beyond the peri-operative period. This would intentionally exclude length of stay, blood loss, OR time, return to work, etc.
    - That result in meaningful improvement in the member's ability to perform functional day-to-day activities that are significant in the member's life roles compared to alternative procedures. This would include substantial (number needed to treat <5) improvements in function such as urinary continence or sexual potency.

**Reliable evidence** includes published reports and articles in authoritative medical and scientific literature, or technology assessment and cost effectiveness analyses.

Priority Health, with review by its physician committees, will decide whether reliable evidence exists for significant and meaningful improvements in primary and secondary outcomes.

## **II. GOVERNMENTAL REGULATIONS**

Centers for Medicare & Medicaid Services (CMS)

<b>National Coverage Determinations (NCDs)</b>	
None identified	
<b>Local Coverage Determinations (LCDs)</b>	
CGS Administrators, LLC	None identified
First Coast Service Options, Inc.	None identified
National Government Services, Inc.	None identified
Noridian Healthcare Solutions, LLC	None identified
Novitas Solutions, Inc.	None identified
Palmetto GBA	None identified
WPS Insurance Corporation	None identified

## **III. MEDICAL NECESSITY REVIEW**

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

## **IV. APPLICATION TO PRODUCTS**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*

- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42543\\_42546\\_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

## **V. DESCRIPTION**

Robotic surgical systems are endoscope instrument control systems that interpose a computer between the surgeon's hands and the tips of micro-instruments inserted into the patient. They are designed to overcome the technical limitations of conventional laparoscopy by providing the surgeon with a 3-dimensional magnified view of the surgical field, instruments that have an extended range of wrist-like motion, as well as computer-enhanced precision, and scaling of hand movements. While sitting at a console positioned several feet from the operating table, the surgeon's natural hand, wrist and finger movements on the instrument controls are translated into corresponding micro-movements of instruments positioned inside the patient through small keyhole incisions, or ports.

Robotically assisted surgery is in its early stage of development and there is insufficient evidence to determine the efficacy or potential harmful effects of robotic surgery compared with conventional open or laparoscopic procedures.

Technology Assessment Committee Review of Minimally Invasive Robotic Prostatectomy, December 2009: A study published in the Journal of the American Medical Association (Hu, et. al. 2009) reports that men who chose to undergo minimally invasive prostatectomy (MIRP)—often with robotic assistance—were twice as likely to suffer genitourinary complications compared with men who chose traditional, or open retropubic radical prostatectomy (RRP). However, they also spent less time in the hospital and had fewer surgical complications. Overall, neither procedure was associated with an increased need for additional cancer treatment. This was an observational cohort study using a Medicare claims database of men with prostate cancer who underwent MIRP (n=1938) or RRP (n=6899) between 2003 through 2007. During this time period, there was an increase in MIRP from 9.2% in 2003 to 43.2% in 2006 to 2007. The study endpoints included complications at 30 days postoperatively, anastomotic strictures 1 month to 1 year postoperatively, incontinence and erectile dysfunction

(ED) more than 18 months postoperatively, and postoperative use of additional cancer therapies (radiation and/or hormone therapy). Despite the absence of data suggesting improved clinical outcomes, the use of MIRP has proliferated over the past 3 years. This study provides no evidence that MIRP should replace RRP as the reference standard for men with prostate cancer. In addition, MIRP is a more expensive technology and requires ongoing consideration and watchfulness regarding its incremental cost-effectiveness and clinical benefit.

## **VI. CODING INFORMATION**

**ICD-10 Codes** that may support medical necessity  
*Not specified*

### **CPT/HCPCS Codes**

Report the procedure code that describes the basic surgery being performed.

*(Example: 58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; or 55866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing)*

### Reportable – no additional payment

**S2900** Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)

*Do not report S2900 if code 55866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed - is reported*

## **VII. REFERENCES**

1. Chuchulo A, Ali A. Is Robotic-Assisted Surgery Better? AMA J Ethics. 2023 Aug 1;25(8):E598-604. doi: 10.1001/amajethics.2023.598. PMID: 37535504.
2. George EI, Brand TC, LaPorta A, Marescaux J, Satava RM. Origins of Robotic Surgery: From Skepticism to Standard of Care. JSLS. 2018 Oct-Dec;22(4):e2018.00039. doi: 10.4293/JSLS.2018.00039. PMID: 30524184; PMCID: PMC6261744.
3. Hu JC, Gu X, Lipsitz SR, Barry MJ, D'Amico AV, Weinberg AC, Keating NL. Comparative effectiveness of minimally invasive vs open radical prostatectomy. JAMA. 2009 Oct 14;302(14):1557-64. doi: 10.1001/jama.2009.1451. PMID: 19826025.
4. Muaddi H, Hafid ME, Choi WJ, Lillie E, de Mestral C, Nathens A, Stukel TA, Karanicolas PJ. Clinical Outcomes of Robotic Surgery Compared to Conventional Surgical Approaches (Laparoscopic or Open): A Systematic Overview of Reviews. Ann Surg. 2021 Mar 1;273(3):467-473. doi: 10.1097/SLA.0000000000003915. PMID: 32398482.

5. Sheetz KH, Claflin J, Dimick JB. Trends in the Adoption of Robotic Surgery for Common Surgical Procedures. JAMA Netw Open. 2020 Jan 3;3(1):e1918911. doi: 10.1001/jamanetworkopen.2019.18911. PMID: 31922557; PMCID: PMC6991252.
6. U.S. Food & Drug Administration, U.S; Robotically Assisted Surgical Devices (RAS). [Robotic Assisted Surgical Systems | FDA](#). June 21, 2022.

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