

		Reimbursement Policy
Subject: Robotic Assisted Surgery		
Effective Date: 04/01/17	Committee Approval Obtained: 07/16/16	Section: Surgery
<p>*****The most current version of our reimbursement policies can be found on our provider website. If you are using a printed version of this policy, please verify the information by going to https://providers.amerigroup.com/TX.*****</p> <p>These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement if the service is covered by a member's Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) benefits. 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 CPT® codes, HCPCS codes and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.</p> <p>If appropriate coding/billing guidelines or current reimbursement policies are not followed, Amerigroup STAR+PLUS MMP may:</p> <ul style="list-style-type: none"> • Reject or deny the claim. • Recover and/or recoup claim payment. <p>Amerigroup STAR+PLUS MMP reimbursement policies for Amerigroup STAR+PLUS MMP are developed based on nationally accepted industry standards and coding principles. These policies may be superseded by mandates in provider, state, federal or CMS contracts and/or requirements. System logic or setup may prevent the loading of policies into the claims platforms in the same manner as described; however, Amerigroup STAR+PLUS MMP strives to minimize these variations.</p> <p>Amerigroup STAR+PLUS MMP reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to this site.</p>		
Policy	Amerigroup STAR+PLUS MMP does not allow separate or additional reimbursement for the use of robotic surgical systems unless provider, state, federal or CMS contracts and/or requirements indicate otherwise. Robotic surgical systems refer to robotic technology integral or optional in a surgical procedure.	

	<p>Robotic technique is considered included in the primary surgical procedure, and 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.</p>
History	<ul style="list-style-type: none"> • Biennial review approved and effective 07/29/19: Policy language restructured • Biennial review approved 10/26/17: Policy template updated • Initial approval 04/03/17 and effective 10/01/17
References and Research Materials	<p>This policy has been developed through consideration of the following:</p> <ul style="list-style-type: none"> • CMS • Texas Health and Human Services Commission (HHSC) • Amerigroup STAR+PLUS MMP contract with HHSC • U.S. Food and Drug Administration
Definitions	<ul style="list-style-type: none"> • Robotic Assisted Surgery: a technology used in a surgical procedure to assist the surgeon in controlling the surgical technique • General Reimbursement Policy Definitions
Related Policies	<ul style="list-style-type: none"> • None
Related Materials	<ul style="list-style-type: none"> • None