Payment Guideline: Robotic Surgery

Read First

IMPORTANT INFORMATION CONCERNING WELLFLEET PAYMENT GUIDELINES

This Payment Guideline serves as notice to health care providers of Wellfleet's payment practices. Health providers are advised to consult their own network provider agreement for determining specific payment policies.

Wellfleet may use reasonable discretion in applying these Payment Guidelines to health care services provided to its enrollees. This Payment Guideline does not address all the issues related to reimbursement for health care services. Other factors impacting reimbursement may supplement, modify or, in some cases, supersede this Payment Guideline. These factors may include, but are not limited to, legislative mandates, the type of provider arrangement and the terms of that agreement, and/or the member's benefit coverage document.

Wellfleet may modify this Payment Guideline at any time to comply with changes in national standards, changes in best practices, or other factors that may impact this payment Guideline. Should this Payment Guideline be revised, Wellfleet shall publish a new version of this Payment Guideline. Wellfleet encourages providers to keep current with any CPT or HCPCS updates as well as industry standards related to the services described in this Payment Guideline.

Providers are responsible for submission of accurate claims. Wellfleet reserves the right to request supporting documentation for claims submitted, including provider records.

Applicable Plans

☒ Student Health Insurance (for policies issued or renewing after May 2019)

- ☒ Fully Insured
  - ☐ Excluding policies issued in the following states: NYN/A
  - ☐ Excluding ISO
- ☒ Self-Funded
  - ☐ Excluding policies issued by the following schools: N/A

☒ Student Sports

- ☒ Fully Insured; for policies issued by the following carriers:

☒ AIG
☒ Axis
☒ Commercial Casualty Insurance Company/Wellfleet Insurance

☒ Self-Funded
☐ Excluding policies issued by the following schools: N/A

☒ Fully Insured Student Accident; for policies issued by the following carriers:
☐ AIG
☐ Axis
☒ Commercial Casualty Insurance Company/Wellfleet Insurance

☒ Self-Funded Employer Insurance
☐ Excluding policies issued by the following employers: N/A

Purpose

Robotic surgery has been identified as an area of possible high financial abuse by providers due to incorrect billing practices. This guideline defines requirements for the payment of robotic surgery codes when billed with a primary surgical procedure code that is covered under the policies identified under Applicable Plans. The document can be used as a guide to help determine applicable billing requirements. This policy is to assure Wellfleet avoids paying for improperly coded claims.

Scope

Robotic surgery most often has the HCPCS code S2900. It may be impeded in surgical supply revenue code on facility bill. It should not be billed alone but is billed in addition to the primary procedure. It is considered part of the comprehensive procedure and is not, in itself, a reimbursable code.

Definitions

- HCPCS Code: S2900: Surgical techniques requiring use of a robotic surgical system.
- Modifier 22: Increased procedural services, when the work required to provide a service is substantially greater than typically required

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Guidelines

A. Wellfleet considers HCPCS code S2900, robotic surgery, a non-reimbursable procedure code.

1. S2900 is compensated as part of a more comprehensive, primary procedure.
2. Only the primary procedure would be reviewed and, if appropriate, approved

B. Wellfleet does not consider robotic surgery by itself an appropriate reason to use Modifier 22 with a primary procedure.

1. The use of Modifier 22 in this manner will be denied.

C. Denial Code used is 2449: INCDENT PROC SVC BNDLED; "Incidental to proc/svc and is bundled, no separate payment warranted"

References:

1. July Update to the Medicare Outpatient Code Editor (OCE) (7/1/2005). Center for Medicare and Medicaid Services. MLN Matters Number: MM3867. Accessed @ https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM3867.pdf

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Change History

Version	Effective Date	Next Review Date
1.0	1/1/2019	1/1/2020
1.0 (no changes)	1/1/2019	9/1/2020
2.0 (no changes)	1/1/2019	9/1/2021