See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY CRITERIA

1. Separate reimbursement is not covered for robotic surgical systems. Providence Health Plans considers the use of robotic technology to be integral to the primary surgery being performed; therefore, no extra reimbursement for procedures done with robotic technology. Examples of robotic surgical systems include, but are not limited to, the following:

   - daVinci® Surgical System
   - ZEUS™ Robotic Surgical System

BILLING GUIDELINES

Use of Modifier 22 (increased procedural services), in addition to the primary surgical procedure, is not appropriate and will not be reimbursed for purpose of reporting the use of robotic assistance. Modifier
22 may be used during the surgical procedure, when appropriate, to report complexities which are unrelated to the use of the robotic assistance system.

CPT/HCPCS CODES

<table>
<thead>
<tr>
<th>All Lines of Business</th>
<th>Not Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2900</td>
<td>Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)</td>
</tr>
</tbody>
</table>

DESCRIPTION

Robotic assisted surgery is a development in minimally invasive surgery in which the procedure is performed from a computerized work station, where the surgeon views the operative field via a specialized camera arrangement and manipulates robotic arms to hold and position an endoscope, and to grasp, cut, dissect, cauterize and suture tissue via hand controls and foot switches.

CENTERS FOR MEDICARE & MEDICAID

As of July 4, 2018, no Centers for Medicare & Medicaid (CMS) coverage guidance was identified which addresses robotic surgical system.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days’ notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.