

Reimbursement/Billing Policy

Robotic Surgical Systems

Policy Number: RM045

Last Review: 12/15/2025

GUIDELINES:

- Paramount Reimbursement Policies have been developed to assist in administering proper payment under benefit contracts.
- Reimbursement policies may be superseded by mandates in provider, state, federal, or CMS contracts and/or requirements.
- Paramount utilizes industry standard coding methodology and claims editing in the development of reimbursement policies. Industry standard resources include, but are not limited to, CMS National Correct Coding Initiative (NCCI), Medically Unlikely Edits (MUEs), Integrated Outpatient Code Editor (I/OCE) Clinical edits, Medical Policies, Reimbursement Policies, and Administrative/Provider Manuals. Paramount will not reimburse services determined to be Incidental, Mutually Exclusive, or Unbundled.
- All health care services, devices, and pharmaceuticals must be billed with Current Procedure Terminology (CPT) codes, Healthcare Common Procedure Coding System (HCPCS) codes and/or revenue codes and modifiers, which most accurately represent the services rendered, unless otherwise directed by the Paramount. All billed codes must be fully supported in the member's legal medical record.
- Paramount utilizes CMS pricing algorithms where appropriate based on, National Physician Fee Schedule Relative Value File (NPF SRVF) pricing rules, Inpatient Prospective Payment Systems (MS-DRG, LTC, IPF, IRF & IPSNF) and Outpatient Prospective Payment Systems (OPPS, HHA, ASC, ESRD & OPSNF).
- Paramount liability will be determined after coordination of benefits (COB) and third-party liability (TPL) is applied to the claim. Member liability may include, but is not limited to, co-payments, deductibles, and coinsurance. Members' costs depend on member benefits.
- Paramount routinely reviews reimbursement policies. Updates are published on Paramount's website <https://www.paramounthealthcare.com>. The information presented in this reimbursement policy is accurate and current as of the date of publication. Paramount communicates policy updates to providers via Paramount's monthly bulletin.

SCOPE:

- ☐ Professional
☒ Facility

Applicability:

- ☒ Commercial and Marketplace (Fully Insured and Self-Funded)
☒ Medicare Advantage

Background:

Robotic surgery, also known as robotic-assisted surgery, can be defined as a surgical procedure or technology that adds a computer technology enhanced device to the interaction between a surgeon and a patient during a surgical operation and assumes some degree of control heretofore completely reserved for the surgeon. Robotic surgical systems used in robotic-assisted surgery encompass micromanipulators, remotely controlled endoscopes, in addition to console manipulator devices. The key elements are enhancements of the surgeon's abilities (vision, tissue manipulation, or tissue sensing) and alteration of the traditional direct contact between surgeon and patient.

Robotic surgical systems have been approved for use in adult and pediatric surgical procedures including but not limited to urological surgical procedures, general laparoscopic surgical procedures, and gynecologic laparoscopic surgical procedures.

Reimbursement Policy:

Paramount considers reimbursement for utilization of a robotic surgical system **(including, but not limited to, HCPCS Code S2900 and applicable ICD-10-PCS Codes)** included in payment for the primary procedure and therefore not eligible for separate reimbursement. No additional payment will be made when charges associated with robotic surgery are billed, including but not limited to, increased or additional operating room charges for the use of robotic surgical systems.

Sources of Information:

- American Medical Association, Coding with Modifiers.
- American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services.
- Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets.
- American College of Obstetricians and Gynecologists. Committee Opinion: Robotic Surgery in Gynecology. Clinical Guidance and Publications. 2015; Number 628. (Reaffirmed 2017).
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- Breitenstein S, Nocito A, Puhan M, Huld U, Weber M, Clavien PA. Robotic-assisted versus laparoscopic cholecystectomy: outcome and cost analyses of a case-matched control study. *Ann Surg*. 2008;247(6):987-993.
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- Hayes, Inc., Lansdale, PA: Author
 - Comparative Effectiveness Review of Robotically Assisted Hysterectomy. (2017, August 31).
 - Knee Arthroplasty Using Mako Robotic-Arm Assisted Surgery (Stryker). (2018, May 17).
 - Enhance Surgery System for Robotic Surgery. (2018, June 01).
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- Wang AJ, Bhavani SB. Robotic partial nephrectomy versus laparoscopic partial nephrectomy for renal cell carcinoma: single-surgeon analysis of >100 consecutive procedures. *Urology*. 2009;73(2):306-310.
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Applicable Code(s):	
CPT:	N/A
HCPCS:	S2900
ICD10 Procedure Codes:	8E090CZ, 8E093CZ, 8E094CZ, 8E097CZ, 8E098CZ, 8E09XCZ, 8E0W0CZ, 8E0W3CZ, 8E0W4CZ, 8E0W7CZ, 8E0W8CZ, 8E0WXCZ, 8E0X0CZ, 8E0X3CZ, 8E0X4CZ, 8E0XXCZ, 8E0Y0CZ, 8E0Y3CZ, 8E0Y4CZ, 8E0YXCZ

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE:

Date	Explanation & Changes
12/15/2025	• Policy Created
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