Clinical Review Criteria

Robotic Assisted Surgeries (RAS)

Group Health Clinical Review Criteria are developed to assist in administering plan benefits. These criteria neither offer medical advice nor guarantee coverage. Group Health reserves the exclusive right to modify, revoke, suspend or change any or all of these Review Criteria, at Group Health's sole discretion, at any time, with or without notice. Member contracts differ in their benefits. Always consult the patient's Medical Coverage Agreement or call Group Health Customer Service to determine coverage for a specific medical service.

Criteria

For Medicare Members

Local Coverage Determination (LCD): Non-Covered Services (L34886).

For Non-Medicare Members

Robotic Assisted Surgery is a covered benefit without medical review when the underlying surgery is covered. Please refer to Group Health payment policy for reimbursement clarifications.

Background

Robotic assisted surgery involves use of a computerized system operated by a surgeon at a computer console connected with robotic arms. The system is used to assist in laparoscopic surgical procedures. Robotic assisted surgery may allow for finer more precise control of the instruments by the surgeon, though surgery may take longer. Laparoscopic surgery is associated with improved postsurgical pain and recovery and with lower risk of infection and blood loss for some procedures compared with open surgery.

In 2000, the da Vinci robot was approved by the Food and Drug Administration (FDA) for general laparoscopic surgery. Numerous other indications for the da Vinci system have since been approved by the FDA, including urological procedures, gynecologic laparoscopic procedures, general thoracoscopic procedures, and others. In 2007, the American Medical Association determined that an additional CPT code for robotic-assisted procedures was not necessary.

Robotic assisted surgery has been used in the following procedures:

- Prostatectomy;
- Hysterectomy;
- Nephrectomy;
- Cardiac Surgery;
- Adjustable Gastric Band;
- Adnexectomy;
- Adrenalectomy;
- Cholecystectomy;
- Colorectal Surgery (Colorectal Resection, Colectomy, Mesorectal Excision);
- Cystectomy;
- Esophagectomy;
- Fallopian Tube Reanastomosis;
- Fundoplication;
- Gastrectomy;
- Heller Myotomy;
- Ileovesicostomy;
- Liver Resection;
- Lung Surgery;
- Myectomy;
- Oropharyngeal Surgery;
- Pancreatectomy;
- Pyeloplasty;
- Rectopyxy;
- Roux-en-Y Gastric Bypass;
- Sacrocolpopexy;
- Splenectomy;
- Thymectomy;
- Thyroidectomy;
- Trachelectomy;
- and Vesico-vaginal Fistula.

In March 2013, the American Congress of Obstetricians and Gynecologists released a statement that said in part, “There is no good data proving that robotic hysterectomy is even as good as—let alone better—than existing, and far less costly, minimally invasive alternatives.”

The Health Care Authority in Washington State conducted an evidence review for each procedure listed above and found the evidence to be minimal in most cases. The outcome of their review was to not pay additionally for the use of the robotic device use.

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MPC Medical Policy Committee

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Codes
CPT: 0054T, 0055T, 20985, G0339, S2900