

## Robotic Assisted Surgery - Da Vinci Surgical System

[For the list of services and procedures that need preauthorization, please refer to [www.mcs.com.pr](http://www.mcs.com.pr) go to “Comunicados a Proveedores”, and click “Cartas Circulares”.]

<b>Medical Policy:</b>	<b>MP-SU-03 -11</b>
<b>Original Effective Date:</b>	<b>October 27, 2011</b>
<b>Revised:</b>	<b>November 23, 2016</b>
<b>Next Revision:</b>	<b>November, 2017</b>

This policy applies to products subscribed by the following corporations, MCS Life Insurance Company (Commercial), and MCS Advantage, Inc. (Classicare) and Medical Card System, Inc., provider's contract; unless specific contract limitations, exclusions or exceptions apply. Please refer to the member's benefit certification language for benefit availability. Managed care guidelines related to referral authorization, and precertification of inpatient hospitalization, home health, home infusion and hospice services apply subject to the aforementioned exceptions.

### DESCRIPTION

Laparoscopic surgery is currently performed in a minimally invasive fashion with instruments and viewing equipment inserted into the body through small incisions created by the surgeon. While this minimizes surgical trauma and damage to healthy tissue, and reduces patient recovery time, there are the disadvantages of reduced dexterity, work space, and sensory input, which is only available to the surgeon through a single video image. Surgical use of robotics, or computer-assisted surgical systems (CAS), has evolved over the last 10 years.

Robotic Assisted Surgery is performed in a setting of minimal invasiveness through intuitive instrument control and depth perception. The surgeon is located in a tele surgical workstation physically remote from the operation site and the Robotic Surgery interacts with the patient through a series of master manipulators, micromanipulators, video imaging, and/or tactile sensors. Remote control and voice activation are the methods by which these surgical robots are controlled. All the information exchanged between surgeon and patient during robotic surgery is digitized.

On July 11, 2000, the FDA cleared the Da Vinci Endoscopic Instrument Control System for marketing in the performance of general surgery, urological surgery, gynecological surgery and thoracic surgery, making it the first robotic system allowed to be used in American operating rooms. The da Vinci Surgical System has a remarkable safety record with more than 7,800 surgeries worldwide to date. There are approximately 70 Da Vinci Systems now in use in major hospitals and surgical facilities in the United States. At present, the surgeon must go through specialized training with the device in a type of surgical procedure before receiving certification for this type of Procedure.

### COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate member certificate and subscriber agreement contract for applicable diagnostic imaging, DME, laboratory, machine tests, benefits and coverage.

## INDICATIONS

**Medical Card System, Inc. (MCS)** will consider the Da Vinci Robotic Surgical System, **medically necessary** under the following circumstance:

1. For the use of minimally invasive robotic prostatectomy for the treatment of localized prostate cancer.

## LIMITATIONS

1. Any other robotic assisted systems, **except for the Da Vinci Surgical System** are **EXCLUDED** from coverage in this policy.
2. The system should be utilized by trained physicians in an operating room environment in accordance with the representative specific procedures.
3. Medical necessity and reimbursement will be based on the standard code for the procedure.

## CODING INFORMATION

### CPT® Codes (List may not be all inclusive)

CPT® Codes	DESCRIPTION
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing; includes robotic assistance, when performed

Current Procedural Terminology (CPT®) 2016 American Medical Association: Chicago, IL.

### HCPCS CODES (List may not be all inclusive)

HCPCS® CODES	DESCRIPTION
S2900	Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure)

2016 HCPCS LEVEL II Professional Edition® (American Medical Association).

### ICD-10 Codes (List may not be all inclusive)

ICD-10-Codes	DESCRIPTION
C61	Malignant neoplasm of prostate
C79.82	Secondary malignant neoplasm of genital organs
D07.5	Carcinoma in situ of prostate

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## REFERENCES

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MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Position-statement-on-robotic-assisted-surgery-(C-Gyn-29)-Review-Nov13.pdf?ext=.pdf

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## POLICY HISTORY

DATE	ACTION	COMMENT
October 27, 2011	Origination of Policy	
October 30, 2012	Yearly Review	References updated.
November 13, 2013	Yearly Review	<ol style="list-style-type: none"> <li>1. References updated.</li> <li>2. To the ICD#9 Section: New ICD-9 added (185, 198.82, 233.4)</li> <li>3. To the References Section: New References were added (#4, 6,7,8,9,10,11,12,13,14,16,17,18,19,20).</li> </ol>
March 11, 2014		<ol style="list-style-type: none"> <li>1. In November 13, 2013 the medical policy was reviewed by the Medical Policy department.</li> <li>2. On March 11, 2014 the Medical Policy was presented to the Medical Policy Advisory Committee and finally approved.</li> <li>3. To the Coding section: A new ICD-10 Codes (Preview Draft) section was added to the policy.</li> </ol>
April 22, 2015	Revised	<p>References updated.</p> <p><u>To the Title:</u> Phrase "Surgical System" was added to the Title.</p> <p><u>To the References Section:</u> New References #4, 24, 25 and 27 were added to the Policy.</p>
November 23, 2015	Revised	<p><u>To the coding section:</u></p> <ul style="list-style-type: none"> <li>• Eliminate ICD-9 codes since they are no longer valid for diagnosis classification.</li> <li>• Add new section of ICD-10 codes which are the valid diagnosis classification system since October 1, 2015.</li> </ul>
November 23, 2016	Revised	<p><u>To the Description Section:</u> The Description Information was deleted and substituted by a New one. New Information was added from the rationale of Health Net (2015) and corroborated with other reference.</p> <p><u>To the References Section:</u></p> <ol style="list-style-type: none"> <li>1. New References # 1, 2, 4, 27, 29 and 30.</li> <li>2. References from #6 until 24 were deleted from this policy.</li> </ol>

*This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Medical Card System, Inc., (MCS) medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Medical Card System, Inc., (MCS) reserves the right to review and update its medical policies at its discretion. Medical Card System, Inc.; (MCS) medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.*