BlueCross BlueShield of Texas

Reimbursement Policy

Policy Number: RP052	**Policy Title:** Robotic Assisted Surgery
Approval Date: August 6, 2026	**Effective Date:** November 16, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions and other coverage documents. Blue Cross and Blue Shield of Texas may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

This policy is intended to provide billing and coding guidance for Robotic Assisted Surgery. Claims must contain coding that accurately describes the services rendered. This policy applies regardless of how the technologies are reported on a claim.

The information in this policy is not intended to be all inclusive.

Reimbursement Information

The Plan reserves the right to request supporting documentation. Failure to adhere to billing and coding policies may impact claims processing and reimbursement.

Billing and Coding

Codes referenced in this policy are for informational purposes only. The inclusion or the exclusion of a code below does not guarantee reimbursement.

The use of robotic assistance is considered integral to the procedure and therefore is not eligible for separate reimbursement. Robotic Surgical System (RSS) examples include, but are not limited to, the following:

- da Vinci Surgical System
- ZEUS Robotic Surgical System
- Senhance Surgical Robotic System
- MIRA Surgical System
- Versius System

HCPCS S2900

HCPCS code S2900 may be reported in addition to the primary procedure to indicate the use of robotic assistance during a procedure. However, this code is not eligible for separate reimbursement.

S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)

Unlisted Codes

The use of an unlisted code to indicate a robotically assisted procedure would be considered incorrect billing and is not eligible for separate reimbursement. For example:

- The use of a Robotic Surgical Systems technique, or
- To represent the entire robotically assisted procedure

Professional Provider Billing

Current Procedure Terminology Codes (CPT)

CPT codes that include "robotic assistance" within the code description should not be submitted with S2900. For example:

- CPT 52597 – Robotic surgery on prostate
- CPT 55866 - Removal of prostate gland; The full code description states, "includes robotic assistance" and is reimbursed at the standard rate of a prostatectomy
- CPT 55867 - Surgery on the prostate gland; the full code description states, "includes robotic assistance" and is reimbursed at the standard rate of prostatectomy
- CPT 55868 – Surgery to remove prostate gland; the full code description states, "includes robotics assistance" and is reimbursed at the standard rate of a prostatectomy
- CPT 55869 – Surgery to remove prostate gland; the full code description states, "includes robotic assistance" and is reimbursed at the standard rate of a prostatectomy

CPT codes which do *not* include "robotic assistance" within the code description, may be reported with HCPCS S2900. For example:

- CPT 44970 – Remove appendix with scope; The use of HCPCS code S2900 - Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure), may be reported but is not eligible for separate reimbursement.

Modifiers

These common modifiers may be used to provide additional information about a service or procedure:

22	Increased Procedural Services
80	Assistant surgeon

81	Minimum Assistant Surgeon
82	Assistant Surgeon (when qualified resident surgeon is not available)
AS	Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery

The use of an assistant surgeon should be based on the complexity of the procedure and not the use of an RSS. The use of Modifier 22 is not appropriate if the sole use of the modifier is to report and bill for the use of robotic assistance. There may be additional modifiers that apply.

Facility Billing

Facilities may bill HCPCS code S2900 with Revenue Code 360 when applicable, but it is not eligible for separate reimbursement. The addition of S2900 should not be billed for supplies or additional time for robotic assistance. Facility charges for time and supplies related to robotics are not separately reimbursable.

Additional Information

- This policy does not apply to robotic linear accelerator based stereotactic radiosurgery.
- This policy does not apply to robotic assisted Central Nervous System (CNS) surgery.

Additional Resources

Reimbursement Policy (formerly known as Clinical Payment and Coding Policy)

CPCP002 Inpatient/Outpatient Unbundling Policy- Facility

RP013 Increased Procedural Services, Modifier 22- Professional Provider

RP014 Global Surgical Package – Professional Provider

CPCP018 Revenue Codes Requiring Supporting CPT, HCPCS, and/or NDC

Codes - Outpatient Facility Claims

RP023 Modifier Reference Policy

CPCP035 Unlisted/Not Otherwise Classified (NOC) Coding Policy

Medical Policy

SUR705.023 - Computer Assisted Navigation for Ortho Procedures

SUR701.021 - RFA of Solid Tumors

SUR706.009 - Sleep Related Breathing Disorders

References

Healthcare Common Procedure Coding Systems (HCPCS)

Policy History

Approval Date	Description
08/06/2026	New policy