Robotic Assisted Surgery - Da Vinci Surgical System

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

Medical Policy: MP-SU-03-11
Original Effective Date: October 27, 2011
Revised: April 22, 2015
Next Revision: March, 2016

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

The Da Vinci Surgical System consist of a surgeon console, a computerized control system, a patient side cart with two or three instrument arms, and an endoscope with a fiber optic camera. One arm holds the endoscope and the other arms hold various interchangeable proprietary surgical tools that perform grasping or cutting functions (ECRI, 2010).

The surgeon sits at a control console in the operating room several feet away from the patient table, and views the patient in real time on a monitor that shows the surgical field through a video camera mounted on one of the robotic arms (ECRI, 2010).

The surgeon operates the robotic arms using joystick-like controls while seated at the console and computer digitization allows filtering of the hand movements to eliminate minute tremor and scaling of larger movements to a microscopic level, thereby improving precision and making microsurgery with endoscopic instruments possible. Another surgeon at the patient bedside may assist during robotic procedures (ECRI, 2010).

The primary difference between robotic surgery and conventional laparoscopic surgery is that the instruments that directly touch the patient are controlled indirectly via a computer interface rather than manually. Proponents of robotic surgery report that it enhances the surgeon’s ability to visualize the operative field and exert fine control over the manipulators, leading to less invasive, more precise surgeries that in turn lead to faster patient recovery, fewer adverse events, and overall improved patient outcomes.
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)

<table>
<thead>
<tr>
<th>CPT® Codes</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>55866</td>
<td>Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing; includes robotic assistance, when performed</td>
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</table>

ICD-9 CM® Diagnosis Codes (List may not be all inclusive)

<table>
<thead>
<tr>
<th>ICD-9 CM® CODES</th>
<th>DESCRIPTION</th>
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</thead>
<tbody>
<tr>
<td>185</td>
<td>Malignant neoplasm of prostate</td>
</tr>
<tr>
<td>198.82</td>
<td>Secondary malignant neoplasm of genital organs</td>
</tr>
<tr>
<td>233.4</td>
<td>Carcinoma in situ of prostate</td>
</tr>
</tbody>
</table>

HCPCS CODES (List may not be all inclusive)

<table>
<thead>
<tr>
<th>HCPCS® CODES</th>
<th>DESCRIPTION</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>


ICD-10 Codes (Preview Draft)

In preparation for changes in the coding systems from ICD-9 to ICD-10, this policy includes a sample list of ICD-10 codes for your reference. These codes may become subject to changes or modifications since they will be in effect on **October 1, 2015**.

<table>
<thead>
<tr>
<th>ICD-10-Codes</th>
<th>DESCRIPTION</th>
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</thead>
<tbody>
<tr>
<td>C61</td>
<td>Malignant neoplasm of prostate</td>
</tr>
<tr>
<td>C79.82</td>
<td>Secondary malignant neoplasm of genital organs</td>
</tr>
<tr>
<td>D07.5</td>
<td>Carcinoma in situ of prostate</td>
</tr>
</tbody>
</table>

REFERENCES


27. The Royal Australian and New Zealand College of Obstetricians and Gynecologists. Position statement on robotic-assisted surgery. Dated: This statement was originally developed in
POLICY HISTORY

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION</th>
<th>COMMENT</th>
</tr>
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<tbody>
<tr>
<td>October 27, 2011</td>
<td>Origination of Policy</td>
<td></td>
</tr>
</tbody>
</table>
2. To the ICD9 Section: New ICD-9 added (185, 198.82, 233.4)  
3. To the References Section: New References were added (#4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 19, 20). |
| March 11, 2014  |                       | 1. In November 13, 2013 the medical policy was reviewed by the Medical Policy department.  
2. On March 11, 2014 the Medical Policy was presented to the Medical Policy Advisory Committee and finally approved.  
3. To the Coding section: A new ICD-10 Codes (Preview Draft) section was added to the policy. |
| April 22, 2015  | Revised               | References updated.  
To the Title:  
Phrase “Surgical System” was added to the Title.  
To the References Section:  
New References #4, 24, 25 and 27 were added to the Policy. |

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.