

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Technology Assisted Surgical Techniques (Robotic Surgery) MP9546

Covered Service: See policy criteria

Prior Authorization Required: No

Additional Information: Additional reimbursement is not provided based upon the type of instruments, technique or approach (e.g. open, laparoscopic, percutaneous, endoscopic, thoracoscopy, and other/unspecified robotic assisted procedures).

Prevea360 Health Plan Medical Policy:

- 1.0 The most appropriate surgical technique, including the use of a robotically-assisted surgical (RAS) device, is determined by the surgeon.
- 2.0 Additional reimbursement is not provided based upon the type of instruments, technique or approach used in a procedure.
- 3.0 Robotic-assisted surgery and computer assisted navigation are considered an integral part of the primary procedure and not a separately reimbursable service.

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