

Medical Coverage Policies

[Printer-Friendly Page](#)

Robotic-Assisted Laparoscopic Prostatectomy

EFFECTIVE DATE	11/20/2007	LAST UPDATED	12/02/2008
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This policy is considered final and will no longer undergo annual literature review. Future changes may occur based upon available scientific evidence and/or procedure coding changes.

Description:

When prostate cancer has not spread to other areas of the body, the prostate may be surgically removed (prostatectomy). Historically, the complete removal of the prostate was through a six inch incision in the abdomen, but various laparoscopic techniques have evolved.

Robotic-assisted laparoscopic prostatectomy allows the prostate to be removed using computer-assisted technology. This procedure uses five small abdominal incisions, a camera and specially designed instruments. Minimally invasive surgery implies a decrease in the size of the incision, thus it is theoretically designed to place less trauma on the tissue, produce smaller scars, shorter hospital stays, and a faster, less painful rehabilitation.

Medical Criteria:

Not applicable

Policy:

Prostatectomy is covered.

Coverage:

Prostatectomy with or without robotic assistance is covered. It is not medically necessary to obtain care at a center using robotic assisted prostatectomy techniques and out of network benefits will be applied. CPT has determined that the use of robotics does not require unique coding. Allowances will be based upon a standard prostatectomy.

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/RIte Care contract for applicable surgery coverage/benefits. Note: If the benefit plan and this policy differ, the benefit plan will prevail.

BlueCHIP for Medicare members:

Prostatectomy is a covered service for BlueCHIP for Medicare members but there is no specific CMS policy regarding this surgical approach. We will reimburse "robotic-assisted" prostatectomies at the same allowance level as the standard procedures.

Coding:

The following code is **medically necessary**:

55866

The following code is **not a separately reimbursed service**:

S2900

Also known as:

daVinci® Laparoscopic Radical Prostatectomy

Related topics:

N/A

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References:

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 [Back to Previous Page](#)