# Payment Policy: Robotic Surgery

Reference Number: CC.PP.050
Date of Last Revision: 02/2026

Coding Implications
Revision Log

**See Important Reminder at the end of this policy for important regulatory and legal information.**

**Policy Overview**
A Robotic Surgical Device is a type of surgical technique or approach that is not required to ensure the successful outcome of the procedure. Therefore, separate reimbursement for surgeries that are performed using a robotic technique will not be considered for additional reimbursement. The type of instruments, technique, or approach used in a procedure is a matter of choice of the surgeon.

The purpose of this policy is to define payment criteria for robotic surgeries to be used in making payment decisions and administering benefits.

**Application**
- Physician and non-physician practitioners
- Institutional claims

**Reimbursement**
The health plan will disallow reimbursement for CPT S2900 – Surgical Techniques requiring the use of a robotic surgical system. This code is billed along with a primary surgical procedure code, and is an add-on code that denotes separate reimbursement for the robotic technique.

**Utilization**
The use of a robotic surgical device is a method of performing a surgical procedure and not a requirement of the procedure, nor one that ensures a more successful outcome than if a robotic approach had not been used.

**Documentation Requirements**
Not Applicable

**Coding and Modifier Information**
This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| CPT/HCPCS Code | Descriptor |
|---|---|
| S2900 | Surgical techniques requiring the use of robotic surgical system (list separately in addition to code for primary surgical procedure) |

**Definitions**
Not Applicable

**Related Policies**
Not Applicable

**Related Documents or Resources**
Not Applicable

**References**
1. *Current Procedural Terminology (CPT®)*, 2025
2. *HCPCS Level II*, 2026

| Revision History | |
|---|---|
| 04/21/2017 | Initial policy draft created |
| 04/10/2019 | Conducted review and updated policy |
| 04/20/2020 | Conducted review and updated policy |
| 04/20/2021 | Conducted review and updated copyright dates |
| 04/20/2022 | Conducted annual review, updated policy dates, removed product type |
| 03/03/2023 | Conducted annual review, revised Policy Overview language to replace "medical necessity" with "required", updated policy dates |
| 06/13/2024 | Conducted annual review and updated policy |
| 02/26/2025 | Conducted annual review and updated policy |
| 01/27/2026 | Annual review. Minor wording updates that do not the change meaning of the policy. Updated revision and copyright dates. |

**Important Reminder**
For the purposes of this payment policy, "Health Plan" means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan's affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

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**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at http://www.cms.gov for additional information.

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