

Policy: MP156

Section: Medical Benefit Policy

Subject: Robotic Assisted Prostatectomy

I. Policy: Robotic Assisted Prostatectomy

II. Purpose/Objective:

To provide a policy of coverage regarding Robotic Assisted Prostatectomy

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION:

Robotic assisted prostatectomy represents a surgical advancement in laparoscopic radical prostatectomy by utilizing semi-active robots called master-slave manipulators. Seated at a remote console with three-dimensional view of the operative field, the surgeon's hand and foot movements guide robotic arms attached to the laparoscopes. The robotic system allows reduction in the scale of movement and eliminates tremor, thereby allowing larger hand movements to control finer motion under magnification. The additional control is reported to result in decreased blood loss, increased preservation of nerve bundles, and decrease incidence of post-operative urinary incontinence.

INDICATIONS: The Geisinger Technology Assessment Committee has recommended to support the use of FDA approved robotic surgical systems as an adjunct in laparoscopic radical prostatectomy, a minimally invasive option for men contemplating surgical resection of prostate malignancy

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Robotic Assisted Prostatectomy

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services.

55866 Laparoscopy, surgical prostatectomy, retro-pubic radical, including nerve sparing
55899 Unlisted procedure, male genital system
53899 Unlisted procedure, urinary system
S2900: Surgical techniques requiring use of robotic surgical system (List separately in addition to code for primary procedure)

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

Geisinger Technology Assessment Committee, Robotic Assisted Prostatectomy. April 13, 2005.

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Han M, nadler RB, Catalona WJ, Thrasher JB, Tewari A, Menon M. Radical prostatectomy: Should the retropubic approach remain the standard of care? Contemporary Urology. Feb 1, 2004.

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Tewari A, Srivasatava A, Menon M. A prospective comparison of radical retropubic and robot-assisted prostatectomy: experience in one institution, BJU International 2003; 92:205-210.

ECRI, HTAIS Target Database. Robotic-assisted prostatectomy for localized prostate cancer. August 2005.

Gainsburg G.M., Wax D., Reich D.L., Carlucci J.R., Samadi D.B. Intraoperative Management of Robotic-Assisted Versus Open Radical Prostatectomy. JSLs April 29, 2010 14:1–5

Wilson, Timothy; Torrey, Robert. Open versus robotic-assisted radical prostatectomy: which is better? Current Opinion in Urology. May 2011; 3:200-205

This policy will be revised as necessary and reviewed no less than annually.

Devised: 5/05

Revised: 5/06; 6/07(wording)

Reviewed: 7/08, 7/09, 6/10, 6/11, 6/12, 6/13, 6/14, 5/15, 6/16