

ROSA[®] Robotics Coding Reference Guide for Neurosurgery

ROSA Brain is intended for the spatial positioning and orientation of instrument holders or tool guides to be used by neurosurgeons to guide standard neurosurgical instruments (biopsy needle, stimulation or recording electrode, endoscope). ROSA Brain is indicated for any neurosurgical procedure in which the use of a stereotactic surgery may be appropriate.

Current Procedural Terminology (CPT) Code and Description	
CPT [®] Code	CPT Description
NA	Robotic-assisted surgery is considered incidental to the primary procedure being performed and is not separately identified/reported via CPT coding mechanisms
S2900 ¹	Surgical techniques requiring use of robotic surgical system

¹ S codes are used by commercial and other health insurance plans to report drugs, services, and supplies for which there are no national codes but for which codes are needed by the private sector to implement policies, programs, or claims processing. These codes are also used by Medicaid programs, but they are not payable by Medicare.

Hospital Inpatient: ICD-10-PCS Procedure Code and Description			
8 Other Procedures E Physiological Systems and Anatomical Regions Ø Other Procedures: Methodologies which attempt to remediate or cure a disorder or disease			
Body Part	Approach	Device	Qualifier
9 Head and Neck Region	Ø Open 3 Percutaneous 4 Percutaneous Endoscopic X External	C Robotic Assisted Procedure	Z No Qualifier

Hospital Inpatient: Medicare Severity-Diagnosis Related Group (MS-DRG)*	
MS-DRG	Description
The ICD-10-PCS code(s) listed does/do not determine MS-DRG assignment. Instead, the MS-DRG will be assigned based upon the patient's diagnosis(es) and the procedure(s) performed. Examples of DRG assignment for primary procedures in which the use of a stereotactic surgery may be appropriate such as the placement of a neurostimulator generator inserted into the skull with the insertion of a neurostimulator lead into the brain are provided below.	
Neurosurgical	
023	Craniotomy with Major Dev Implant/Acute Complex Central Nervous System Principal Diagnosis with MCC or Chemo Implant
024	Craniotomy with Major Dev Implant/Acute Complex Central Nervous System Principal Diagnosis without MCC
025	Craniotomy & Endovascular Intracranial Procedures with MCC
026	Craniotomy & Endovascular Intracranial Procedures with CC
027	Craniotomy & Endovascular Intracranial Procedures without CC/MCC
040	Peripheral/Cranial Nerve and Other Nervous System Procedures with MCC
041	Peripheral/Cranial Nerve and Other Nervous System Procedures with CC or Peripheral Neurostimulator
042	Peripheral/Cranial Nerve and Other Nervous System Procedures without CC/MCC

CC – Complication and/or Comorbidity. MCC – Major Complication and/or Comorbidity.

* Other MS-DRGs may apply.

Hospital Outpatient and Ambulatory Surgical Center (ASC)				
CPT® Code	CPT Description	OPPS Status Indicator	APC Assignment	ASC Payment Indicator
Robotic-assisted surgery is considered incidental to the primary procedure being performed and is not separately identified/reported via CPT/HCPCS coding mechanisms. Examples of APC assignment for primary procedures in which the use of a stereotactic surgery may be appropriate such as the placement of a neurostimulator generator inserted into the skull with the insertion of a neurostimulator lead into the brain are provided below.				
Neurosurgical				
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	J1	5432	G2
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion	C	--	NA
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	C	--	NA
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	J1	5431	A2
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	C	--	NA

OPPS - Outpatient Prospective Payment System; **APC** - Ambulatory Payment Classification; **ASC** - Ambulatory Surgical Center

APC: 5431 – Level 1 Nerve Procedures; 5432 – Level 2 Nerve Procedures

Status Indicator: C – Inpatient Procedures. Not paid under OPPS. J1 - Hospital Part B services paid through a comprehensive APC. Paid under OPPS; all covered Part B services on the claim are packaged with the primary “J1” service, with limited exceptions.

Payment Indicator: A2 - Surgical procedure on ASC list in CY 2007; payment based on OPPS relative payment weight. G2 - Non office-based surgical procedure added in CY 2008 or later; payment based on OPPS relative payment weight; NA - This procedure is not on Medicare’s ASC Covered Procedures List (CPL).

HCPCS (Healthcare Common Procedure Coding System)	
Code	Description
Robotic-assisted surgery is considered incidental to the primary procedure being performed and is not separately identified/reported via CPT/HCPCS coding mechanisms.	

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement web site at zimmerbiomet.com/reimbursement.

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