



	<b>Policy Number</b>	<b>Effective Date</b>
Robotic-Assisted Surgery	PY-0950	4/1/2020-05/01/2022
<b>Policy Type</b>		
Medical	Administrative	Pharmacy
<b>REIMBURSEMENT</b>		

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding, and documentation guidelines. Coding methodology, regulatory requirements,

contractual

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**A. Subject**  
**Robotic-Assisted Surgery**

**B. Background**

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate  
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