

Da Vinci Surgical System 2024 U.S. Coding and Reimbursement Guide—Physician

Medicare national average rates

Effective March 9, 2024

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How to use this guide: intended use and audience

The intention of this guide is

To provide general coding and reimbursement information based on publicly available Medicare data for informational purposes only.

To provide U.S. national average reimbursement rates based on Medicare publicly available fee schedules.

To provide relevant supporting information about U.S. coding and reimbursement.

The intended audience for this presentation is

Healthcare professionals involved in coding, documentation, claims processing, and/or reimbursement for relevant procedures. This may include hospital and/or physician office billing professionals, coders, financial, and/or revenue integrity teams, and others who act in roles associated with the coding, coverage, and payment of relevant procedures.

It is NOT intended for

Healthcare providers and/or allied health professionals or other hospital and/or office staff who do not act in above roles and capacities.

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Disclaimer

Intuitive is providing this resource for informational purposes only, in support of accurate coding and reimbursement practices based on Medicare coding, coverage, and payment. Intuitive cannot guarantee that this document is complete or without errors, as coding, coverage, and payment are subject to change at any time. HCPCS codes listed in this guide represent no statement, promise, or guarantee that these codes will be appropriate or that reimbursement will be made. This coding and reimbursement guide cannot, under any circumstances, be interpreted as, or used in place of, clinical judgment. Any coding and reimbursement decisions and practices are the sole responsibility of the provider and/or designated party responsible for coding and reimbursement.

The Medicare Physician Fee schedule provides relative value units (RVU's) broken into work, facility, and nonfacility practice expense. To calculate facility and nonfacility payments, RVU's for facility and nonfacility settings were multiplied against the 2024 conversion factor of \$33.2875

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Methodology and background

This guide includes Healthcare Common Procedure Coding System (HCPCS) codes used by Medicare and other health insurers to standardize coding in claims and other documentation. It is the responsibility of the provider and/or designated party responsible for coding and reimbursement to determine the appropriate code(s) based on the situation.*

HCPCS codes are comprised of 2 levels, referred to as Level I and Level II of the HCPCS:

Level I includes the Physicians' Current Procedural Terminology Fourth Edition (CPT). CPT is based on a numeric coding system maintained by the American Medical Association (AMA) that describes medical services and procedures provided by physicians and other healthcare professionals.

In 2007, the AMA determined that no new CPT codes or unique identifiers were needed when describing laparoscopic / endoscopic procedures performed with robotic assistance.

Level II codes are used to report durable medical equipment, supplies, nonphysician services, and some drugs. S2900 (Surgical techniques requiring use of robotic surgical system) is a Level II code that was issued by a private insurer in 2005. S2900 is not a code that is processed by Medicare. Note that other Level II codes are not shown in this document.

* This guide is provided for informational purposes, and is not a comprehensive list of procedures. As the AMA publishes CPT codes on an annual basis, and makes decisions regarding the addition, deletion, or revision of CPT codes throughout the year, this guide may not reflect interim updates. Please refer to the most recent AMA publication of CPT® codes for additional information.

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Reimbursement terminology and abbreviations

Reimbursement terminology used in this guide are briefly defined below in support of 2024 Medicare reimbursement information. Unless otherwise noted, all definitions and sources available at the Centers of Medicare and Medicaid Services (CMS) Glossary: [cms.gov/glossary](https://www.cms.gov/glossary).

American Medical Association (AMA): Professional organization for physicians that maintains the Physicians' Current Procedural Terminology (CPT) coding system.

Centers for Medicare and Medicaid Services (CMS): Federal government agency within the Department of Health and Human Services that administers public health programs. (See also "PPS")

Conversion Factor (CF): Annual national multiplier used to convert geographically adjusted relative value units into Medicare Physician Fee Schedule dollar amounts.

Current Procedural Terminology (CPT): See HCPCS Level I.

Fee Schedule: List of codes and services with payment amounts (also referred to as reimbursement rates).

Healthcare Common Procedure Coding System (HCPCS) Level I: Numeric coding system used by physicians, other health professionals, hospitals, and ambulatory surgical centers (ASC) to code procedures and services. HCPCS Level I is comprised of the American Medical Association's Physicians' Current Procedural Terminology (CPT) codes. CPT codes have been adopted by the Secretary of Health and Human Services as a standard to describe medical services and procedures provided by physicians and other health care professionals.

Medicare Physician Fee Schedule: Annual fee schedule published by CMS based on work, expense, and malpractice designed to standardize physician payment.

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2024 Medicare reimbursement

All rates shown reflect 2024 Medicare national average rates, unadjusted by geography or other factors.

Medicare Physician Fee Schedule data files available at cms.gov/medicare/payment/fee-schedules/physician.

National average Medicare Physician Fee Schedule rates based on 2024 conversion factor of \$33.2875 per "Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2024." Available at cms.gov/medicare/payment/fee-schedules/physician.

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Appendectomy and other bowel procedures

CPT	CPT description	MPFS 2024 national average (facility)
Laparoscopic procedures		
38120	Laparoscopy, surgical, splenectomy	\$1,060
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$331
44970	Laparoscopy, surgical, appendectomy	\$605
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	\$1,188
Open procedures		
38100	Splenectomy; total (separate procedure)	\$1,147
38101	Splenectomy; partial (separate procedure)	\$1,161
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (list in addition to code for primary procedure)	\$259
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	\$1,288
44950	Appendectomy	\$643
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not separate procedure) (list separately in addition to primary procedure)	\$83
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	\$877
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure)	\$1,078
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor	\$1,249

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Bariatric procedures

CPT	CPT description	MPFS 2024 national average (facility)
Laparoscopic procedures		
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	\$1,734
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	\$1,842
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)	\$1,099
Open procedures		
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	\$1,285
43845	Gastric restrictive procedure, with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	\$1,955
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	\$1,651
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	\$1,806
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	\$1,933

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Colorectal procedures

CPT	CPT description	MPFS 2024 national average (facility)
Laparoscopic procedures		
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	\$1,085
44188	Laparoscopy, surgical, colostomy or skin level cecostomy (do not report 44188 in conjunction with 44970)	\$1,208
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	\$1,525
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	\$1,324
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	\$1,727
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	\$1,792
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	\$1,951
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	\$1,753
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	\$2,002
44213	Laparoscopy, surgical; mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy	\$183
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	\$1,937
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (e.g., colo-anal anastomosis), with creation of colonic reservoir (e.g., J-pouch), with diverting enterostomy, when performed	\$2,096
45400	Laparoscopy, surgical; proctopexy (for prolapse)	\$1,124
45402	Laparoscopy, surgical; proctopexy (for prolapse) with sigmoid resection	\$1,503
Open procedures		
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (list separately in addition to primary procedure)	\$119
44140	Colectomy, partial; with anastomosis	\$1,337
44141	Colectomy, partial; with skin level cecostomy or colostomy	\$1,803
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	\$1,642
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	\$1,753
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	\$1,638

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Colorectal procedures

CPT	CPT description	MPFS 2024 national average (facility)
Open procedures(continued)		
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	\$2,083
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	\$1,840
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	\$2,140
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	\$2,051
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	\$2,288
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	\$2,175
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	\$2,230
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	\$1,237
44310	Ileostomy or jejunostomy, non-tube	\$1,035
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	\$1,801
45111	Proctectomy; partial resection of rectum, transabdominal approach	\$1,084
45112	Proctectomy, combined abdominoperineal, pullthrough procedure (e.g., colo-anal anastomosis)	\$1,792
45119	Proctectomy, combined abdominoperineal pull-through procedure (e.g., colo-anal anastomosis), with creation of colonic reservoir (e.g., J-pouch), with diverting enterostomy when performed	\$1,856
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (e.g., Swenson, Duhamel, or Soave type operation)	\$1,598
45123	Proctectomy, partial, without anastomosis, perineal approach	\$1,106
45540	Proctopexy (for prolapse) abdominal approach	\$1,043
45550	Proctopexy (for prolapse) abdominal approach, with sigmoid resection	\$1,441

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Esophagectomy and thoracic procedures

CPT	CPT description	MPFS 2024 national average (facility)
Laparoscopic procedures		
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	\$3,738
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (i.e., laparoscopic transhiatal esophagectomy)	\$3,131
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (i.e., laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	\$3,499
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (i.e., thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	\$3,690
Open procedures		
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	\$2,935
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	\$4,352
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty	\$3,401
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	\$4,259
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	\$4,865
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	\$3,207
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	\$3,552
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	\$2,809
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	\$2,544
43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	\$4,414

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Esophagectomy and thoracic procedures

CPT	CPT description	MPFS 2024 national average (facility)
Laparoscopic procedures		
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	\$303
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (e.g., wedge, incisional), unilateral	\$302
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (e.g., wedge, incisional), unilateral	\$371
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	\$944
32656	Thoracoscopy, surgical; with parietal pleurectomy	\$794
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	\$707
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	\$790
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	\$883
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	\$1,374
32666	Thoracoscopy, surgical; with therapeutic wedge resection (e.g., mass, nodule), initial unilateral	\$859
32667	Thoracoscopy, surgical; with therapeutic wedge resection (e.g., mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	\$153
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	\$153
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	\$1,320
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	\$1,572
32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	\$1,491

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Esophagectomy and thoracic procedures

CPT	CPT description	MPFS 2024 national average (facility)
Open procedures		
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	\$979
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	\$1,495
32160	Thoracotomy; with cardiac massage	\$790
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	\$1,456
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	\$1,556
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)	\$1,409
32505	Thoracotomy; with therapeutic wedge resection (e.g., mass, nodule), initial	\$919
32506	Thoracotomy; with therapeutic wedge resection (e.g., mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	\$152
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	\$152
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	\$811

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Gastrectomy, Nissen fundoplication, and Heller myotomy procedures

CPT	CPT description	MPFS 2024 national average (facility)
Laparoscopic procedures		
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	\$1,212
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	\$1,278
43280	Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures)	\$1,076
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	\$1,529
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	\$1,722
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and roux-en-y gastroenterostomy (roux limb 150 cm or less)	\$1,734
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	\$1,842
Open procedures		
43325	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)	\$1,357
43327	Esophagogastric fundoplasty partial or complete; laparotomy	\$816
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	\$1,106
43330	Esophagomyotomy (Heller type); abdominal approach	\$1,335
43331	Esophagogastric fundoplasty partial or complete; thoracotomy	\$1,324
43621	Gastrectomy, total; with Roux-en-Y reconstruction	\$2,263
43622	Gastrectomy, total; with formation of intestinal pouch, any type	\$2,300
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	\$1,918
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	\$2,116

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Gynecology procedures

CPT	CPT description	MPFS 2024 national average (facility)
Laparoscopic procedures		
38571*	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	\$658
49322	Laparoscopy, surgical, abdomen, peritoneum, and omentum; with aspiration of cavity or cyst (e.g., ovarian cyst) (single or multiple)	\$376
57425	Laparoscopy, surgical, sacrocolpopexy	\$974
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less	\$734
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$833
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	\$846
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$909
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	\$905
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	\$1,115
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	\$1,888
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 g or less	\$885
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$983
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g	\$1,121
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$1,307
58561	Hysteroscopy, surgical; with removal of leiomyomata	\$356
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	\$811
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$913
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g	\$1,017
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$1,222
	*For mapping sentinel lymph node(s): +38900 intraoperative identification (e.g., mapping) of sentinel lymph node(s) includes injection of nonradioactive dye when performed (list separately in addition to code for primary procedure)	\$136

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Gynecology procedures

CPT	CPT description	MPFS 2024 national average (facility)
Laparoscopic procedures (continued)		
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingoophorectomy, unilateral or bilateral, when performed	\$1,938
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	\$687
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	\$654
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	\$716
58673	Laparoscopy, surgical with lysis of adhesions, with salpingostomy	\$795

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Gynecology procedures

CPT	CPT description	MPFS 2024 national average (facility)
Open procedures		
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	\$805
57268	Repair of enterocele, vaginal approach (separate procedure)	\$510
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	\$925
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	\$573
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	\$1,157
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	\$1,019
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	\$964
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	\$1,351
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	\$1,825
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	\$805
58740	Lysis of adhesions (salpingolysis, ovariolysis)	\$905
58760	Fimbrioplasty	\$824
58770	Salpingostomy (salpingoneostomy)	\$865
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	\$432
58920	Wedge resection or bisection of ovary, unilateral or bilateral	\$718
58925	Ovarian cystectomy, unilateral or bilateral	\$771
58940	Oophorectomy, partial or total, unilateral or bilateral	\$559

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Hepatobiliary and pancreatic procedures

CPT	CPT description	MPFS 2024 national average (facility)
Laparoscopic procedures		
47562	Laparoscopy, surgical; cholecystectomy	\$663
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	\$721
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	\$1,120
Open procedures		
47600	Cholecystectomy;	\$1,071
47605	Cholecystectomy; with cholangiography	\$1,127
47610	Cholecystectomy with exploration of common duct	\$1,247
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	\$1,564
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	\$1,629
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	\$3,102
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy	\$2,872
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	\$3,089
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy	\$2,884
48155	Pancreatectomy, total	\$1,815

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Hernia: inguinal procedures

CPT	CPT description	MPFS 2024 national average (facility)
Laparoscopic procedures		
49650	Laparoscopy, surgical; repair initial inguinal hernia	\$437
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	\$570
Open procedures		
49505	Repair initial inguinal hernia, age 5 years or older; reducible	\$527
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	\$592
49520	Repair recurrent inguinal hernia, any age; reducible	\$637
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	\$720
49525	Repair inguinal hernia, sliding, any age	\$577

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Hernia: ventral procedures

CPT	CPT description	MPFS 2024 national average (facility)
Initial procedures		
Repair of anterior abdominal hernia(s) (epigastric, incisional, ventral, umbilical, spigelian) any approach (open, lap, robotic) initial, including placement of mesh or other prosthesis, when performed, total length of defect(s);		
49591	Less than 3 cm, reducible	\$341
49592	Less than 3 cm, incarcerated or strangulated	\$474
49593	3-10 cm, reducible	\$571
49594	3-10 cm, incarcerated or strangulated	\$743
49595	Greater than 10 cm, reducible	\$768
49596	Greater than 10 cm, incarcerated or strangulated	\$1,019
Recurrent procedures		
Repair of anterior abdominal hernia(s) (epigastric, incisional, ventral, umbilical, spigelian) any approach (open, lap, robotic) recurrent, including placement of mesh or other prosthesis, when performed, total length of defect(s);		
49613	Less than 3 cm, reducible	\$420
49614	Less than 3 cm, incarcerated or strangulated	\$569
49615	3-10 cm, reducible	\$636
49616	3-10 cm, incarcerated or strangulated	\$855
49617	Greater than 10 cm, reducible	\$881
49618	Greater than 10 cm, incarcerated or strangulated	\$1,234

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Liver resection/hepatectomy procedures

CPT	CPT description	MPFS 2023 national average (facility)
Open procedures		
47120	Hepatectomy, resection of liver; partial lobectomy	\$2,327
47122	Hepatectomy, resection of liver; trisegmentectomy	\$3,396
47125	Hepatectomy, resection of liver; total left lobectomy	\$3,059
47130	Hepatectomy, resection of liver; total right lobectomy	\$3,282

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Otolaryngology procedures

CPT	CPT description	MPFS 2024 national average (facility)
Any method		
31420	Epiglottectomy	\$835
42808	Excision or destruction of lesion of pharynx, any method	\$167
42870	Excision or destruction lingual tonsil, any method (separate procedure)	\$590
Open procedures		
41120	Glossectomy; less than one-half tongue	\$1,055
41130	Glossectomy; hemiglossectomy	\$1,305
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	\$1,010
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (e.g., tongue, buccal)	\$1,374
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	\$2,191
42890	Limited pharyngectomy	\$1,413

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Prostatectomy, nephrectomy, and cystectomy procedures

CPT	CPT description	MPFS 2024 national average (facility)
Laparoscopic procedures		
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	\$1,183
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration, and/or dilation, and internal urethrotomy), includes robotic assistance when performed	\$1,039
Open procedures		
55810	Prostatectomy, perineal radical	\$1,292
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	\$1,588
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	\$1,738
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	\$833
55840	Prostatectomy, retropubic radical, with or without nerve sparing	\$1,159
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	\$1,159
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$1,347

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Prostatectomy, nephrectomy, and cystectomy procedures

CPT	CPT description	MPFS 2024 national average (facility)
Laparoscopic procedures		
38571*	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	\$658
50543	Laparoscopy, surgical; partial nephrectomy	\$1,474
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	\$1,319
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	\$1,192
Open procedures		
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection	\$1,046
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	\$1,201
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	\$1,266
50240	Nephrectomy, partial	\$1,316
	*For mapping sentinel lymph nodes: +38900 intraoperative identification (e.g., mapping) of sentinel lymph node(s) includes injection of nonradioactive dye, when performed (list separately in addition to code for primary procedure)	\$136

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Prostatectomy, nephrectomy, and cystectomy procedures

CPT	CPT description	MPFS 2024 national average (facility)
Open procedures		
51550	Cystectomy, partial; simple	\$957
51555	Cystectomy, partial; complicated (e.g., postradiation, previous surgery, difficult location)	\$1,249
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	\$1,275
51570	Cystectomy, complete; (separate procedure)	\$1,455
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$1,792
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations	\$1,871
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$2,080
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis	\$1,903
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$2,155
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	\$2,322

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Da Vinci Xi/X surgical system precaution statement

The demonstration of safety and effectiveness for the specific procedure(s) discussed in this material was based on evaluation of the device as a surgical tool and did not include evaluation of outcomes related to the treatment of cancer (overall survival, disease-free survival, local recurrence) or treatment of the patient's underlying disease/condition. Device usage in all surgical procedures should be guided by the clinical judgment of an adequately trained surgeon.

Important safety information

Serious complications may occur in any surgery, including surgery with the da Vinci® system, up to and including death. Examples of serious or life-threatening complications, which may require prolonged and/or unexpected hospitalization and/or reoperation, include but are not limited to, one or more of the following: injury to tissues/organs, bleeding, infection, and internal scarring that can cause long-lasting dysfunction/pain.

Risks specific to minimally invasive surgery, including surgery with the da Vinci system, include but are not limited to, one or

more of the following: temporary pain/nerve injury associated with positioning; a longer operative time, the need to convert to an open approach, or the need for additional or larger incision sites. Converting the procedure could result in a longer operative time, a longer time under anesthesia, and could lead to increased complications. Contraindications applicable to the use of conventional endoscopic instruments also apply to the use of all da Vinci instruments.

For important safety information, indications for use, risks, full cautions, and warnings, please also refer to [intuitive.com/safety](https://www.intuitive.com/safety).

Individuals' outcomes may depend on a number of factors, including but not limited to patient characteristics, disease characteristics, and/or surgeon experience.

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