

Da Vinci Surgical System 2025 U.S. Coding and Reimbursement Guide—Physician

Medicare national average rates

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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.

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 2025 conversion factor of \$32.3465

Intuitive may not carry all products used in all procedures described. For more information, please also refer to intuitive.com/safety.

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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 2025 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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2025 Medicare reimbursement

All rates shown reflect 2025 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 2025 conversion factor of \$32.3465 per "Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2025." Available at cms.gov/medicare/payment/fee-schedules/physician.

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Appendectomy and other bowel procedures

CPT	CPT description	MPFS 2025 national average (facility)
Laparoscopic procedures		
38120	Laparoscopy, surgical, splenectomy	\$1,036
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$324
44970	Laparoscopy, surgical, appendectomy	\$592
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	\$1,163
Open procedures		
38100	Splenectomy; total (separate procedure)	\$1,120
38101	Splenectomy; partial (separate procedure)	\$1,136
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (list in addition to code for primary procedure)	\$253
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	\$1,258
44950	Appendectomy	\$628
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not separate procedure) (list separately in addition to primary procedure)	\$81
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	\$857
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure)	\$1,052
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	\$1,212

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Bariatric procedures

CPT	CPT description	MPFS 2025 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)	\$1,693
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	\$1,805
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)	\$1,073
Open procedures		
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	\$1,255
43845	Gastric restrictive procedure, with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common chanel) to limit absorption (biliopancreatic diversion with duodenal switch)	\$1,914
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	\$1,612
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	\$1,764
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	\$1,885

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Colorectal procedures

CPT	CPT description	MPFS 2025 national average (facility)
Laparoscopic procedures		
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	\$1,057
44188	Laparoscopy, surgical, colostomy or skin level cecostomy (do not report 44188 in conjunction with 44970)	\$1,177
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	\$1,488
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	\$1,292
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	\$1,682
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with colopectostomy (low pelvic anastomosis)	\$1,748
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with colopectostomy (low pelvic anatomosis) with colostomy	\$1,900
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	\$1,708
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	\$1,958
44213	Laparoscopy, surgical; mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy	\$179
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	\$1,886
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	\$2,044
45400	Laparoscopy, surgical; proctopexy (for prolapse)	\$1,096
45402	Laparoscopy, surgical; proctopexy (for prolapse) with sigmoid resection	\$1,465
Open procedures		
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (list separately in addition to primary procedure)	\$116
44140	Colectomy, partial; with anastomosis	\$1,306
44141	Colectomy, partial; with skin level cecostomy or colostomy	\$1,755
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	\$1,601
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	\$1,710
44145	Colectomy, partial; with colopectostomy (low pelvic anastomosis)	\$1,598

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Colorectal procedures

CPT	CPT description	MPFS 2025 national average (facility)
Open procedures(continued)		
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	\$2,031
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	\$1,796
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	\$2,086
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	\$1,998
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	\$2,230
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	\$2,122
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	\$2,174
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	\$1,209
44310	Ileostomy or jejunostomy, non-tube	\$1,011
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	\$1,753
45111	Proctectomy; partial resection of rectum, transabdominal approach	\$1,054
45112	Proctectomy, combined abdominoperineal, pullthrough procedure (e.g., colo-anal anastomosis)	\$1,748
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	\$1,808
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (e.g., Swenson, Duhamel, or Soave type operation)	\$1,561
45123	Proctectomy, partial, without anastomosis, perineal approach	\$1,079
45540	Proctopexy (for prolapse) abdominal approach	\$1,019
45550	Proctopexy (for prolapse) abdominal approach, with sigmoid resection	\$1,409

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Esophagectomy and thoracic procedures

CPT	CPT description	MPFS 2025 national average (facility)
Laparoscopic procedures		
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	\$1,166
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	\$3,641
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)	\$3,065
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)	\$3,406
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)	\$3,596
Open procedures		
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	\$2,857
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	\$4,237
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty	\$3,272
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	\$4,148
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	\$4,736
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)	\$3,126
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)	\$3,458
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	\$2,737
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	\$2,488

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Esophagectomy and thoracic procedures

CPT	CPT description	MPFS 2025 national average (facility)
Open procedures		
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)	\$4,299
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	\$1,025
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	\$1,088
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	\$1,316
Laparoscopic procedures		
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	\$295
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (e.g., wedge, incisional), unilateral	\$295
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (e.g., wedge, incisional), unilateral	\$363
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	\$922
32656	Thoracoscopy, surgical; with parietal pleurectomy	\$777
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	\$691
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	\$770
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	\$862
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	\$1,340
32666	Thoracoscopy, surgical; with therapeutic wedge resection (e.g., mass, nodule), initial unilateral	\$839
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)	\$148
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	\$148
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	\$1,287
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	\$1,533
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	\$1,453

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Esophagectomy and thoracic procedures

CPT	CPT description	MPFS 2025 national average (facility)
Open procedures		
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	\$956
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	\$1,460
32160	Thoracotomy; with cardiac massage	\$776
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	\$1,421
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	\$1,521
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)	\$1,376
32505	Thoracotomy; with therapeutic wedge resection (e.g., mass, nodule), initial	\$898
32506	Thoracotomy; with therapeutic wedge resection (e.g., mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	\$148
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	\$148
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	\$797

Gastrectomy, Nissen fundoplication, and Heller myotomy procedures

CPT	CPT description	MPFS 2025 national average (facility)
Laparoscopic procedures		
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	\$1,182
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	\$1,247
43280	Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures)	\$1,051
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	\$1,491
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	\$1,681
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and roux-en-y gastroenterostomy (roux limb 150 cm or less)	\$1,693
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	\$1,805
Open procedures		
43325	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)	\$1,326
43327	Esophagogastric fundoplasty partial or complete; laparotomy	\$816
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	\$1,078
43330	Esophagomyotomy (Heller type); abdominal approach	\$1,305
43331	Esophagogastric fundoplasty partial or complete; thoracotomy	\$1,292
43621	Gastrectomy, total; with Roux-en-Y reconstruction	\$2,212
43622	Gastrectomy, total; with formation of intestinal pouch, any type	\$2,245
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	\$1,874
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	\$2,066

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Gynecology procedures

CPT	CPT description	MPFS 2025 national average (facility)
Laparoscopic procedures		
38571*	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	\$643
49322	Laparoscopy, surgical, abdomen, peritoneum, and omentum; with aspiration of cavity or cyst (e.g., ovarian cyst) (single or multiple)	\$367
57425	Laparoscopy, surgical, sacrocolpopexy	\$946
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less	\$713
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$808
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	\$820
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$882
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	\$878
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	\$1,082
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	\$1,834
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 g or less	\$860
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$956
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g	\$1,088
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$1,268
58561	Hysteroscopy, surgical; with removal of leiomyomata	\$346
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	\$788
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$886
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g	\$1,015
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$1,186
	*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)	\$133

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Gynecology procedures

CPT	CPT description	MPFS 2025 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	\$1,884
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	\$670
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	\$636
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	\$695
58673	Laparoscopy, surgical with lysis of adhesions, with salpingostomy	\$771

Gynecology procedures

CPT	CPT description	MPFS 2025 national average (facility)
Open procedures		
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	\$784
57268	Repair of enterocele, vaginal approach (separate procedure)	\$495
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	\$896
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	\$548
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	\$1,122
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	\$993
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	\$937
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)	\$1,317
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)	\$1,775
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	\$783
58740	Lysis of adhesions (salpingolysis, ovariolysis)	\$883
58760	Fimbrioplasty	\$799
58770	Salpingostomy (salpingoneostomy)	\$838
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	\$417
58920	Wedge resection or bisection of ovary, unilateral or bilateral	\$695
58925	Ovarian cystectomy, unilateral or bilateral	\$751
58940	Oophorectomy, partial or total, unilateral or bilateral	\$543

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Hepatobiliary and pancreatic procedures

CPT	CPT description	MPFS 2025 national average (facility)
Laparoscopic procedures		
47562	Laparoscopy, surgical; cholecystectomy	\$649
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	\$705
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	\$1,096
Open procedures		
47600	Cholecystectomy;	\$1,048
47605	Cholecystectomy; with cholangiography	\$1,102
47610	Cholecystectomy with exploration of common duct	\$1,225
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	\$1,527
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	\$1,591
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy	\$3,027
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy	\$2,799
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy	\$3,009
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy	\$2,812
48155	Pancreatectomy, total	\$1,772

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Hernia: inguinal procedures

CPT	CPT description	MPFS 2025 national average (facility)
Laparoscopic procedures		
49650	Laparoscopy, surgical; repair initial inguinal hernia	\$428
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	\$558
Open procedures		
49505	Repair initial inguinal hernia, age 5 years or older; reducible	\$516
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	\$579
49520	Repair recurrent inguinal hernia, any age; reducible	\$623
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	\$705
49525	Repair inguinal hernia, sliding, any age	\$566

Hernia: ventral procedures

CPT	CPT description	MPFS 2025 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	\$333
49592	Less than 3 cm, incarcerated or strangulated	\$464
49593	3-10 cm, reducible	\$558
49594	3-10 cm, incarcerated or strangulated	\$726
49595	Greater than 10 cm, reducible	\$752
49596	Greater than 10 cm, incarcerated or strangulated	\$999
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	\$410
49614	Less than 3 cm, incarcerated or strangulated	\$556
49615	3-10 cm, reducible	\$622
49616	3-10 cm, incarcerated or strangulated	\$835
49617	Greater than 10 cm, reducible	\$864
49618	Greater than 10 cm, incarcerated or strangulated	\$1,211

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Liver resection/hepatectomy procedures

CPT	CPT description	MPFS 2025 national average (facility)
Open procedures		
47120	Hepatectomy, resection of liver; partial lobectomy	\$2,271
47122	Hepatectomy, resection of liver; trisegmentectomy	\$3,329
47125	Hepatectomy, resection of liver; total left lobectomy	\$2,988
47130	Hepatectomy, resection of liver; total right lobectomy	\$3,203

Otolaryngology procedures

CPT	CPT description	MPFS 2025 national average (facility)
Any method		
31420	Epiglottectomy	\$812
42808	Excision or destruction of lesion of pharynx, any method	\$164
42870	Excision or destruction lingual tonsil, any method (separate procedure)	\$573
Open procedures		
41120	Glossectomy; less than one-half tongue	\$1,024
41130	Glossectomy; hemiglossectomy	\$1,268
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	\$980
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (e.g., tongue, buccal)	\$1,334
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	\$2,128
42890	Limited pharyngectomy	\$1,371

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Otolaryngology procedures

CPT	CPT description	MPFS 2025 national average (facility)
Laparoscopic procedures		
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis	\$234
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	\$254
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	\$349
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)	\$529
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser	\$145
Open procedures		
31300	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, corpectomy	\$1,215
31360	Laryngectomy; subtotal supraglottic, without radical neck dissection	\$1,994
31367	Partial laryngectomy (hemilaryngectomy); horizontal	\$2,109
31370	Partial laryngectomy (hemilaryngectomy); horizontal	\$1,978
31375	Partial laryngectomy (hemilaryngectomy); lateroververtical	\$1,881
31380	Partial laryngectomy (hemilaryngectomy); lateroververtical	\$1,855
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	\$2,030

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Urology procedures

CPT	CPT description	MPFS 2025 national average (facility)
Laparoscopic procedures		
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	\$1,157
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	\$1,016
Open procedures		
55810	Prostatectomy, perineal radical	\$1,264
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	\$1,553
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	\$1,700
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	\$814
55840	Prostatectomy, retropubic radical, with or without nerve sparing	\$1,134
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	\$1,131
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$1,317

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Urology procedures

CPT	CPT description	MPFS 2025 national average (facility)
Laparoscopic procedures		
38571*	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	\$643
50543	Laparoscopy, surgical; partial nephrectomy	\$1,440
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	\$1,289
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	\$1,166
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	\$1,592
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	\$1,295
Open procedures		
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection	\$1,027
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	\$1,148
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	\$1,237
50240	Nephrectomy, partial	\$1,286
50320	Donor nephrectomy (including cold preservation); open, from living donor	\$1,501
	*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)	\$133

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Urology procedures

CPT	CPT description	MPFS 2025 national average (facility)
Laparoscopic procedures		
50544	Laparoscopy, surgical; pyeloplasty	\$1,198
Open procedures		
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	\$1,118
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycolasty)	\$1,349
51550	Cystectomy, partial; simple	\$934
51555	Cystectomy, partial; complicated (e.g., postradiation, previous surgery, difficult location)	\$1,220
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	\$1,247
51570	Cystectomy, complete; (separate procedure)	\$1,421
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$1,751
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations	\$1,830
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$2,034
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis	\$1,862
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$2,106
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	\$2,276
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	\$728

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Important safety information

For product intended use and/or indications for use, risks, cautions, and warnings and full prescribing information, refer to the associated user manual(s) or visit <https://manuals.intuitivesurgical.com/market>.

For summary of the risks associated with surgery refer to www.intuitive.com/safety.

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