

# Da Vinci Surgical System 2026 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.

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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 2026 qualifying APM conversion factor of \$33.57.

Note: Beginning in 2026, there will be two separate conversion factors (CFs): one for items and services furnished by a qualifying APM participant as defined in the Social Security Act (referred to as the qualifying APM conversion factor) and another for other items and services (referred to as the nonqualifying APM conversion factor). This coding guide utilizes the qualifying APM conversion factor.

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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 2026 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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## 2026 Medicare reimbursement

All rates shown reflect 2026 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](https://cms.gov/medicare/payment/fee-schedules/physician).

National average Medicare Physician Fee Schedule rates based on 2026 qualifying APM conversion factor of \$33.57 per “Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2026.” Available at [cms.gov/medicare/payment/fee-schedules/physician](https://cms.gov/medicare/payment/fee-schedules/physician).

Note: Beginning in 2026, there will be two separate conversion factors (CFs): one for items and services furnished by a qualifying APM participant as defined in the Social Security Act (referred to as the qualifying APM conversion factor) and another for other items and services (referred to as the nonqualifying APM conversion factor). This coding guide utilizes the qualifying APM conversion factor.

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# Appendectomy and other bowel procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Laparoscopic procedures</b>		
38120	Laparoscopy, surgical, splenectomy	\$1,004
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$318
44970	Laparoscopy, surgical, appendectomy	\$581
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	\$1,109
<b>Open procedures</b>		
38100	Splenectomy; total (separate procedure)	\$1,079
38101	Splenectomy; partial (separate procedure)	\$1,092
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (list in addition to code for primary procedure)	\$237
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	\$1,208
44950	Appendectomy	\$609
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not separate procedure) (list separately in addition to primary procedure)	\$75
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	\$829
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure)	\$1,016
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	\$1,180

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# Bariatric procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Laparoscopic procedures</b>		
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	\$1,626
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	\$1,726
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)	\$1,004
<b>Open procedures</b>		
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	\$1,213
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)	\$1,836
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	\$1,554
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	\$1,697
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	\$1,801

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# Breast procedures

CPT CPT description

MPFS 2026  
national average (facility)

**Any method**

19303 Mastectomy, simple, complete

\$920

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# Colorectal procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Laparoscopic procedures</b>		
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	\$1,030
44188	Laparoscopy, surgical, colostomy or skin level cecostomy (do not report 44188 in conjunction with 44970)	\$1,145
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	\$1,421
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	\$1,232
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	\$1,608
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	\$1,658
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	\$1,811
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	\$166
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	\$1,808
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	\$1,951
45400	Laparoscopy, surgical; proctopexy (for prolapse)	\$1,050
45402	Laparoscopy, surgical; proctopexy (for prolapse) with sigmoid resection	\$1,399
<b>Open procedures</b>		
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (list separately in addition to primary procedure)	\$107
44140	Colectomy, partial; with anastomosis	\$1,256
44141	Colectomy, partial; with skin level cecostomy or colostomy	\$1,699
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	\$1,538
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	\$1,642
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	\$1,523

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# Colorectal procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Open procedures(continued)</b>		
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	\$1,952
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	\$1,739
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	\$2,020
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	\$1,931
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	\$2,158
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	\$2,053
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	\$2,102
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	\$1,163
44310	Ileostomy or jejunostomy, non-tube	\$972
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	\$1,681
45111	Proctectomy; partial resection of rectum, transabdominal approach	\$1,016
45112	Proctectomy, combined abdominoperineal, pullthrough procedure (e.g., colo-anal anastomosis)	\$1,649
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	\$1,716
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (e.g., Swenson, Duhamel, or Soave type operation)	\$1,506
45123	Proctectomy, partial, without anastomosis, perineal approach	\$1,038
45540	Proctopexy (for prolapse) abdominal approach	\$979
45550	Proctopexy (for prolapse) abdominal approach, with sigmoid resection	\$1,359

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# Esophagectomy and thoracic procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Laparoscopic procedures</b>		
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	\$1,157
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	\$3,572
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)	\$2,960
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)	\$3,310
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)	\$3,481
<b>Open procedures</b>		
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	\$2,772
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	\$4,120
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty	\$3,215
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	\$4,051
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	\$4,600
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)	\$3,043
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)	\$3,371
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	\$2,692
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	\$2,348

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# Esophagectomy and thoracic procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Open procedures</b>		
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)	\$4,195
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	\$988
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	\$1,086
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	\$1,307
<b>Laparoscopic procedures</b>		
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	\$290
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (e.g., wedge, incisional), unilateral	\$291
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (e.g., wedge, incisional), unilateral	\$355
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	\$921
32656	Thoracoscopy, surgical; with parietal pleurectomy	\$783
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	\$699
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	\$775
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	\$865
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	\$1,325
32666	Thoracoscopy, surgical; with therapeutic wedge resection (e.g., mass, nodule), initial unilateral	\$843
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)	\$142
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	\$143
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	\$1,274
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	\$1,508
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	\$1,434

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# Esophagectomy and thoracic procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Open procedures</b>		
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	\$960
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	\$1,441
32160	Thoracotomy; with cardiac massage	\$776
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	\$1,410
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	\$1,511
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)	\$1,360
32505	Thoracotomy; with therapeutic wedge resection (e.g., mass, nodule), initial	\$899
32506	Thoracotomy; with therapeutic wedge resection (e.g., mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	\$142
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	\$142
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	\$788

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# Gastrectomy, Nissen fundoplication, and Heller myotomy procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Laparoscopic procedures</b>		
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	\$1,432
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	\$1,610
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and roux-en-y gastroenterostomy (roux limb 150 cm or less)	\$1,626
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	\$1,726
<b>Open procedures</b>		
43325	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)	\$1,279
43327	Esophagogastric fundoplasty partial or complete; laparotomy	\$795
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	\$1,066
43330	Esophagomyotomy (Heller type); abdominal approach	\$1,259
43331	Esophagogastric fundoplasty partial or complete; thoracotomy	\$1,289
43621	Gastrectomy, total; with Roux-en-Y reconstruction	\$2,102
43622	Gastrectomy, total; with formation of intestinal pouch, any type	\$2,140
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	\$1,785
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	\$1,972

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# Gynecology procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Laparoscopic procedures</b>		
38571*	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	\$600
49322	Laparoscopy, surgical, abdomen, peritoneum, and omentum; with aspiration of cavity or cyst (e.g., ovarian cyst) (single or multiple)	\$357
57425	Laparoscopy, surgical, sacrocolpopexy	\$864
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less	\$652
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$737
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g	\$746
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$806
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	\$812
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	\$985
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	\$1,737
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 g or less	\$791
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$882
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g	\$990
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$1,167
58561	Hysteroscopy, surgical; with removal of leiomyomata	\$316
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	\$731
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	\$883
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g	\$950
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	\$1,111
	*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)	\$124

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# Gynecology procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Laparoscopic procedures (continued)</b>		
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingoophorectomy, unilateral or bilateral, when performed	\$1,785
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	\$631
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	\$589
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	\$650
58673	Laparoscopy, surgical with lysis of adhesions, with salpingostomy	\$703

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# Gynecology procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Open procedures</b>		
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	\$743
57268	Repair of enterocele, vaginal approach (separate procedure)	\$459
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	\$817
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	\$502
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	\$1,020
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	\$938
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	\$871
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)	\$1,263
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)	\$1,686
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	\$734
58740	Lysis of adhesions (salpingolysis, ovariolysis)	\$829
58760	Fimbrioplasty	\$728
58770	Salpingostomy (salpingoneostomy)	\$764
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	\$383
58920	Wedge resection or bisection of ovary, unilateral or bilateral	\$634
58925	Ovarian cystectomy, unilateral or bilateral	\$702
58940	Oophorectomy, partial or total, unilateral or bilateral	\$518

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# Hepatobiliary and pancreatic procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Laparoscopic procedures</b>		
47562	Laparoscopy, surgical; cholecystectomy	\$635
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	\$688
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	\$1,067
<b>Open procedures</b>		
47600	Cholecystectomy;	\$1,015
47605	Cholecystectomy; with cholangiography	\$1,067
47610	Cholecystectomy with exploration of common duct	\$1,179
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	\$1,464
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	\$1,530
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy	\$2,884
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy	\$2,686
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy	\$2,877
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy	\$2,698
48155	Pancreatectomy, total	\$1,720

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# Hernia: inguinal procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Laparoscopic procedures</b>		
49650	Laparoscopy, surgical; repair initial inguinal hernia	\$426
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	\$553
<b>Open procedures</b>		
49505	Repair initial inguinal hernia, age 5 years or older; reducible	\$510
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	\$571
49520	Repair recurrent inguinal hernia, any age; reducible	\$611
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	\$688
49525	Repair inguinal hernia, sliding, any age	\$557

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# Hernia: ventral procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Initial procedures</b>		
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	\$317
49592	Less than 3 cm, incarcerated or strangulated	\$439
49593	3-10 cm, reducible	\$527
49594	3-10 cm, incarcerated or strangulated	\$685
49595	Greater than 10 cm, reducible	\$708
49596	Greater than 10 cm, incarcerated or strangulated	\$941
<b>Recurrent procedures</b>		
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	\$389
49614	Less than 3 cm, incarcerated or strangulated	\$526
49615	3-10 cm, reducible	\$586
49616	3-10 cm, incarcerated or strangulated	\$787
49617	Greater than 10 cm, reducible	\$812
49618	Greater than 10 cm, incarcerated or strangulated	\$1,138

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# Liver resection/hepatectomy procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Open procedures</b>		
47120	Hepatectomy, resection of liver; partial lobectomy	\$2,177
47122	Hepatectomy, resection of liver; trisegmentectomy	\$3,163
47125	Hepatectomy, resection of liver; total left lobectomy	\$2,840
47130	Hepatectomy, resection of liver; total right lobectomy	\$3,038

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# Otolaryngology procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Any method</b>		
31420	Epiglottectomy	\$745
42808	Excision or destruction of lesion of pharynx, any method	\$149
42870	Excision or destruction lingual tonsil, any method (separate procedure)	\$551
<b>Open procedures</b>		
41120	Glossectomy; less than one-half tongue	\$983
41130	Glossectomy; hemiglossectomy	\$1,191
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	\$916
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (e.g., tongue, buccal)	\$1,235
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	\$1,940
42890	Limited pharyngectomy	\$1,262

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# Otolaryngology procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Open procedures</b>		
31300	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy	\$1,128
31360	Laryngectomy; subtotal supraglottic, without radical neck dissection	\$1,814
31367	Partial laryngectomy (hemilaryngectomy); horizontal	\$1,932
31370	Partial laryngectomy (hemilaryngectomy); horizontal	\$1,822
31375	Partial laryngectomy (hemilaryngectomy); laterovertical	\$1,735
31380	Partial laryngectomy (hemilaryngectomy); laterovertical	\$1,712
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	\$1,867

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# Urology procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Laparoscopic procedures</b>		
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	\$1,087
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	\$950
<b>Open procedures</b>		
55810	Prostatectomy, perineal radical	\$1,171
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	\$1,437
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	\$1,572
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	\$759
55840	Prostatectomy, retropubic radical, with or without nerve sparing	\$1,050
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	\$1,048
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$1,215

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# Urology procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Laparoscopic procedures</b>		
38571*	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	\$600
50543	Laparoscopy, surgical; partial nephrectomy	\$1,336
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	\$1,192
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	\$1,085
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	\$1,547
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	\$1,197
<b>Open procedures</b>		
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection	\$968
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	\$1,064
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	\$1,148
50240	Nephrectomy, partial	\$1,196
50320	Donor nephrectomy (including cold preservation); open, from living donor	\$1,490
	*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)	\$124

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# Urology procedures

CPT	CPT description	MPFS 2026 national average (facility)
<b>Open procedures</b>		
50544	Laparoscopy, surgical; pyeloplasty	\$1,109
<b>Open procedures</b>		
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	\$1,038
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)	\$1,250
51550	Cystectomy, partial; simple	\$876
51555	Cystectomy, partial; complicated (e.g., postradiation, previous surgery, difficult location)	\$1,135
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	\$1,157
51570	Cystectomy, complete; (separate procedure)	\$1,310
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$1,617
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations	\$1,691
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$1,878
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis	\$1,720
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	\$1,944
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	\$2,099
53500	Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	\$676

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