

LAPAROSCOPIC ROBOTIC SURGERY Coding and Reimbursement

The following information is shared for educational and strategic planning purposes to help answer our customers' questions about coding and reimbursement for advanced laparoscopic procedures completed with robotic-assistance.* For further assistance, please speak with your Intuitive Surgical sales professional or call our Reimbursement Help Desk at (888) 868-4647, extension 3128.

With robotic-assistance, surgeons can benefit from advanced technical precision that simulates an open surgical environment, permitting completion of difficult procedures through minimally invasive laparoscopic incisions. At first, customers may have questions about codes, coverage and reimbursement for "new" robotic-assisted procedures. With experience, however, healthcare providers and payers quickly realize that robotic-assistance is, in fact, covered by routine and customary laparoscopic CPT and ICD-9-CM coding practices, existing medical policies for advanced laparoscopic surgery and current payer contract rates.

CODING CONSIDERATIONS

With robotic-assistance, the primary surgical procedure remains a laparoscopic procedure. As a result, according to the American Medical Association (AMA), robotic-assistance *does not* require unique codes or modifiers, and current laparoscopic Level I CPT codes may be used. The range of laparoscopic CPT codes is too numerous to list here. Physicians and their professional coders are encouraged to review a current copy of *CPT 2009* issued by the AMA. Examples of common laparoscopic GYN and urologic procedures completed with robotic-assistance include, but are not limited to:

Physician's Professional Component

CPT®	Description
GYN	
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
58545	Laparoscopy, surgical, myomectomy, excision, 1 to 4 intramural myomas with total weight of 250 grams or less and/or removal of surface myomas
58546	5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams.
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
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less
58571	With removal of tube(s) and/or ovary(s)
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250g
58573	With removal of tube(s) and/or ovary(s)
UROLOGY	
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple

Current Procedural Terminology (CPT®) is a registered trademark of the AMA.

Source: *CPT 2009*.

* Also known as *da Vinci*® Surgery or surgery performed with the *da Vinci* Surgical System

Facility's Technical Component

The U.S. Food and Drug Administration (FDA) has cleared the *da Vinci*® Surgical System for adult and pediatric use in urologic, general, gynecologic, general non-cardiovascular thoracoscopic and thoracoscopically-assisted cardiotomy procedures. Prior to the introduction of robotic-assistance, adoption of laparoscopic surgery was limited to a narrow range of procedures due to the technical limitations of conventional 2-D equipment and rigid laparoscopic instruments. Now, more complex procedures that require delicate fine-tissue manipulation, lymph node retrieval and/or extensive dissection and suturing can be done with laparoscopic robotic-assistance. These complex procedures, especially those involving delicate tissue handling and dissection in confined spaces, have established ICD-9-CM procedure codes. Effective October 1, 2008, in addition to the primary ICD-9-CM procedure code, the hospital's coder should become familiar with the **new** ICD-9-CM subcategory "17.4 Robotic-assisted procedures". Common ICD-9-CM procedure codes include, but are not limited to, the following considerations:

ICD-9-CM	Procedure Description
60.5	Radical prostatectomy, by any approach
68.29	Other excision or destruction of lesion of uterus, uterine myomectomy
68.41	Laparoscopic total abdominal hysterectomy
68.61	Laparoscopic radical abdominal hysterectomy
70.77	Vaginal suspension and fixation
17.42	Laparoscopic robotic assisted procedure

Source: ICD-9-CM 2009, American Medical Association, Chicago, IL

COVERAGE

Laparoscopic robotic surgery should be consistent with the payer's existing laparoscopic medical policies. Initially, providers and payers may need to fully appreciate the difference between laparoscopic robotic surgery and conventional laparoscopy; the most striking difference is that while conventional laparoscopy uses rigid, hand-held instruments, robotic-assistance offers the surgeon fully wristed instrumentation, 3-D high-definition visualization, up to 10-fold magnification, elimination of hand tremor and ergonomic comfort. This provides the surgeon with a level of surgical precision and control that exceeds the capabilities of the human hand. As a result, the standard of care for complex open surgeries can now be accomplished laparoscopically. For assistance in establishing the medical necessity of laparoscopic robotic surgery, please speak with your Intuitive Surgical sales professional or call the Intuitive Surgical Reimbursement Help Line at (888) 868-4647, extension 3128.

REIMBURSEMENT CONSIDERATIONS

Routine and customary coding will render routine and customary reimbursement consistent with the payer's current contract terms. Numerous DRG assignments are possible and dependent upon the ICD-9-CM procedure codes reported by the hospital. Common MS-DRGs include, but are not limited to:

MS-DRG	Description
662, 663, 664	Minor bladder procedures with MCC, CC or non-MCC/CC
665, 666, 667	Prostatectomy with MCC, CC or non-MCC/CC
707, 708	Major male pelvic procedures with MCC/CC or non-MCC/CC
736, 737, 738	Uterine and adnexa procedure for ovarian or adnexal malignancy with MCC, CC or non-MCC/CC
739, 740, 741	Uterine, adnexa procedures for non-ovarian/adnexal malignancy with MCC, CC or non-MCC/CC
742, 743	Uterine and adnexa procedures for non-malignancy with MCC/CC or non-MCC/CC
748	Female reproductive system reconstructive procedures

While Intuitive Surgical believes this information to be correct, it is provided for educational and strategic planning purposes only: The actual selection of codes remains the sole responsibility of the provider. Individual insurers have varying requirements and coding information is subject to change without notice, so providers are encouraged to speak regularly with their payers. While clinical studies support the effectiveness of the *da Vinci*® System when used in minimally invasive surgery, individual results may vary. Surgery with the *da Vinci* Surgical System may not be appropriate for every individual. Patients should always ask their doctors about all treatment options, as well as their risks and benefits. © 2008 Intuitive Surgical. All rights reserved. Intuitive, Intuitive Surgical, *da Vinci*, *da Vinci S* and *EndoWrist* are trademarks or registered trademarks of Intuitive Surgical. PN 871971 Rev C 01/09