

LAPAROSCOPIC ROBOTIC SURGERY CY2011 Coding & Reimbursement Considerations

The following information is provided for educational and strategic planning purposes, to help answer common customer questions about coding and reimbursement considerations for advanced laparoscopic procedures completed with robotic assistance.*

With robotic assistance, laparoscopic surgeons gain technical advantages that include enhanced vision, dexterity and ergonomics. Initially, customers may think they need a new code to report a laparoscopic procedure completed with robotic assistance. They do not. The purpose of this document is to provide information and education consistent with the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS) and leading payer decisions about robotically-assisted procedures.

In 2007, after two years of examination, the AMA determined that there was no need for a new CPT or unique modifier for surgical procedures completed with robotic assistance. As a result, the majority of leading payers, such as Medicare, CIGNA, United Healthcare and most Blue Cross/Blue Shield plans, consider robotic assistance incidental to the primary surgical procedure and not separately billable. S2900 is a Level II HCPCS code issued by a local carrier in 2004, before the AMA's 2007 decision. It is payable at the carrier's discretion. Surgical procedures completed with robotic assistance should be consistent with existing payer policies for advanced laparoscopic surgery and current payer contract rates for the primary surgical procedure.

CODING CONSIDERATIONS

With robotic assistance, the primary surgical procedure remains a laparoscopic procedure. The range of laparoscopic CPT codes by surgical specialty is too numerous to list here. Instead, surgeons and professional coders are encouraged to review a current copy of AMA's *CPT 2011*. For educational purposes only, common laparoscopic procedures completed with robotic assistance include, but are not limited to the following considerations:

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
58546	5 or more intramural myomas
58548	Laparoscopy, surgical, with radical hysterectomy
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	
50543	Laparoscopic, surgical; partial nephrectomy
50544	Laparoscopy surgical; pyeloplasty
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing; includes robotic assistance, when performed
51999	Unlisted laparoscopy procedure, bladder
GENERAL	
44180	Laparoscopic, surgical, enterolysis (freeing of intestinal adhesions)
43644	Laparoscopic, surgical, gastric restrictive procedure, with gastric bypass and Roux-en-Y gastroenterostomy
44970	Laparoscopic, surgical, appendectomy
45397	Laparoscopic, surgical proctectomy, combined abdominoperineal pull-through procedure (eg colo-anal anastomosis) with creation of colonic reservoir (eg J-pouch), with diverting enterostomy, when performed

Current Procedural Terminology (CPT®) is a registered trademark of the AMA. Source: *CPT 2011*.

* 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. Per CMS guidelines, facilities should report the primary surgical procedure with the appropriate ICD-9-CM procedure, plus the appropriate ICD-9-CM procedure code for robotic assistance. Common ICD-9-CM procedure codes include, but are not limited to, the following considerations:

ID-9-CM	Common Primary Procedures
55.4	Partial nephrectomy
55.87	Correction of ureteropelvic junction
68.29	Uterine myomectomy
68.41	Laparoscopic total abdominal hysterectomy
68.61	Laparoscopic radical abdominal hysterectomy
70.50	Repair, cystocele and rectocele
17.4X	Robotic-Assisted Procedures
	There are 6 codes for robotic-assisted procedures, depending upon whether the primary surgical procedure is done open, laparoscopic, percutaneous, endoscopic, thoracoscopic or other and unspecified. For example,
17.42	Laparoscopic-assisted robotic procedure

Source: ICD-9-CM 2011, American Medical Association, Chicago, IL

REIMBURSEMENT CONSIDERATIONS

Routine and customary coding will render routine and customary reimbursement consistent with the payer's current contract terms. Numerous MS-DRG and Ambulatory Payment Classification (APC) assignments are possible and dependent upon the primary surgical procedure reported by the hospital. Common MS-DRGs and APCs include, but are not limited to:

MS-DRG	Description
328	Stomach, esophageal and duodenal procedure without CC/MCC
331	Major small and large bowel procedures without CC/MCC
346	Minor small and large bowel procedure without CC/MCC
655	Major bladder procedures without CC/MCC
661	Kidney and ureter procedures for non-neoplasm without CC/MCC
664	Minor bladder procedures without CC/MCC
735	Pelvic evisceration, radical hysterectomy and radical vulvectomy without CC/MCC
738	Uterine and adnexa procedures for ovarian or adnexal malignancy without CC/MCC
743	Uterine and adnexa procedures for non-malignancy without CC/MCC
708	Major male pelvic procedures without CC/MCC
APC	Description
130	Level I Laparoscopy
131	Level II Laparoscopy
132	Level III Laparoscopy
195	Level VI Female Reproductive Procedures
202	Level VII Female Reproductive Procedures

COVERAGE

All leading payers have written medical policies for robotic surgery. For personal assistance with regard to payer relations, contracting questions or any other coding and reimbursement-related matters, please call Intuitive Surgical's Health Policy Specialist at (888) 868-4647, extension 3128.

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 E 11/10