

# 2012 Adhesions Reimbursement Fact Sheet

SURGEON CPT CODE <sup>1</sup>	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT <sup>2</sup>
<b>Traditional Open Procedure</b>		
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	\$1,087
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	1,190
50722	Ureterolysis for ovarian vein syndrome	1,059
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	1,104

<b>Laparoscopic Procedure</b>		
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	\$915
58660	Laparoscopy, surgical, with lysis of adhesions (salpingolysis, ovariolysis) (separate procedures)	683
58740	Lysis of adhesions (salpingolysis, ovariolysis)	890

## OUTPATIENT FACILITY

<b>Hospital Outpatient Department</b>		
APC	APC DESCRIPTION	MEDICARE PAYMENT <sup>3</sup>
0131	Level II laparoscopy (CPT code 44180, 58660)	\$3,358

## Freestanding Ambulatory Surgery Center

ASC GROUP	CPT CODES	MEDICARE PAYMENT <sup>4</sup>
58660	Laparoscopy, surgical, with lysis of adhesions (salpingolysis, ovariolysis) (separate procedures)	\$1,938

## INPATIENT FACILITY

ICD-9 CODE <sup>5</sup>	DESCRIPTION
54.51	Lap lysis of peritoneal adhesions (DRGs 150 & 151)
54.59	Other lysis of peritoneal adhesions (DRGs 150 & 151)
56.79	Other anastomosis or bypass of ureter
59.02	Other lysis of perirenal or periureteral adhesions (DRGs 303, 304 & 305)
59.11	Other lysis of perivesical adhesions (DRGs 308, 309, 344 & 345)
65.81	Lap lysis of adhesions of ovary & fallopian tubes (DRGs 354, 355, 357, 358 & 359)
65.89	Other lysis of adhesions of ovary & fallopian tubes (DRGs 354, 355, 357, 358 & 359)

**NOTE:** ICD-9 codes are grouped into Diagnoses Related Groups (DRGs) for Medicare reimbursement using a patient's diagnoses, procedures performed, age, sex and discharge status. One DRG is assigned to each inpatient stay.

**INPATIENT FACILITY**

<b>DRG</b>	<b>DESCRIPTION</b>	<b>AVERAGE LENGTH OF STAY (DAYS)<sup>6</sup></b>	<b>NATIONAL AVERAGE DRG PAYMENT<sup>6</sup></b>
335	Peritoneal adhesiolysis with MCC	13.6	\$24,144
336	Peritoneal adhesiolysis with CC	8.6	13,172
337	Peritoneal adhesiolysis without CC/MCC	5.0	8,422
662	Minor bladder procedures with MCC	10.2	16,743
663	Minor bladder procedures with CC	5.1	8,329
664	Minor bladder procedures without CC/MCC	1.9	6,346
715	Other male reproductive system O.R. procedure for malignancy with CC/MCC	5.9	9,886
716	Other male reproductive system O.R. procedure for malignancy without CC/MCC	1.4	4,901
717	Other male reproductive system O.R. procedure except malignancy with CC/MCC	6.1	9,206
718	Other male reproductive system O.R. procedure except malignancy without CC/MCC	2.5	4,587
736	Uterine & adnexa procedure for ovarian or adnexal malignancy with MCC	13.1	25,496
737	Uterine & adnexa procedure for ovarian or adnexal malignancy with CC	6.5	11,387
738	Uterine & adnexa procedure for ovarian or adnexal malignancy without CC/MCC	3.5	6,853
739	Uterine & adnexa procedure for non-ovarian/adnexal malignancy with MCC	9.9	18,961
740	Uterine & adnexa procedure for non-ovarian/adnexal malignancy with CC	4.3	8,689
741	Uterine & adnexa procedure for non-ovarian/adnexal malignancy without CC/MCC	2.3	6,307
742	Uterine & adnexa procedure for non-malignancy with CC/MCC	4.0	8,031
743	Uterine & adnexa procedure for non-malignancy without CC/MCC	2.0	5,240
749	Other female reproductive system O.R. procedures with CC/MCC	8.5	14,237
750	Other female reproductive system O.R. procedures without CC/MCC	2.9	6,081

1 All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2011 American Medical Association. All Rights Reserved.

2 Federal Register, Vol. 76, No. 228, Monday, November 28, 2011/Rules and Regulations. The 2012 Final Physician Reimbursement Conversion Factor = \$34.0376; Federal Register.

3 Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Hospital Outpatient Payment.

4 Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final ASC Reimbursement.

5 Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2011 Saunders, an imprint of Elsevier, Inc.

6 Federal Register, Vol. 76, No. 160, Thursday, August 18, 2011/ Rules and Regulations; Final National Average DRG Payment.

Physicians should refer to their provider Carrier Manual for their geographic payments.

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