

2012 Cholecystectomy Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ²
----------------------------------	-----------	------------------------------------------------

Laparoscopic Procedure

47562	Laparoscopy, surgical; cholecystectomy	\$744
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	712
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	1,086

Traditional Open Procedure

47600	Cholecystectomy	\$1,074
47605	Cholecystectomy with cholangiography	975
47610	Cholecystectomy with exploration of common duct	1,245
47612	Cholecystectomy with choledochenterostomy	1,258
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	1,360

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0131	Level II Laparoscopy (CPT codes: 47562, 47563, 47564)	\$3,358

Freestanding Ambulatory Surgery Center

CPT CODES	MEDICARE PAYMENT ⁴
For CPT codes: 47562, 47563, 47564	\$1,938

INPATIENT FACILITY

ICD-9 CODE ⁵	DESCRIPTION
51.21	Other partial cholecystectomy
51.22	Cholecystectomy
51.23	Laparoscopic Cholecystectomy
51.24	Laparoscopic partial cholecystectomy
51.36	Choledochenterostomy
51.41	Common duct exploration for removal of calculus
51.51	Exploration of common bile duct

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



Ethicon
Endo-Surgery

Reimbursement & Healthcare Economics

DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) ⁶	NATIONAL AVERAGE DRG PAYMENT ⁶
408	Biliary tract procedure except only cholecystectomy; with or without c.d.e., with MCC	13.1	\$22,636
409	Biliary tract procedure except only cholecystectomy; with or without c.d.e., with CC	8.2	13,019
410	Biliary tract procedure except only cholecystectomy; with or without c.d.e., without CC/MCC	5.5	8,584
411	Cholecystectomy with c.d.e., with MCC	11.7	20,171
412	Cholecystectomy with c.d.e., with CC	7.8	13,506
413	Cholecystectomy with c.d.e., without CC/MCC	5.1	9,803
414	Cholecystectomy except by laparoscope; without c.d.e., with MCC	11.0	20,660
415	Cholecystectomy except by laparoscope; without c.d.e., with CC	7.0	11,621
416	Cholecystectomy except by laparoscope; without c.d.e., without CC/MCC	4.4	7,652
417	Laparoscopic cholecystectomy; without c.d.e., with MCC	7.8	14,258
418	Laparoscopic cholecystectomy; without c.d.e., with CC	5.2	9,522
419	Laparoscopic cholecystectomy; without c.d.e., without CC/MCC	3.0	6,653

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 Rule Physician Reimbursement Conversion Factor = \$34.0376.

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

⁴ Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Rule - 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 Rule - National Average DRG Payment.

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

The information contained in this document is provided to help you understand the reimbursement process. It is not intended to increase or maximize reimbursement by any payor. We strongly recommend that providers consult their payor organization with regard to local reimbursement policies. The information contained in this document is provided for information purposes only and represents no statement, promise or guarantee by Ethicon Endo-Surgery, Inc. concerning levels of reimbursement, payment or charge. Similarly, all CPT HCPCS and ICD-9 codes are supplied for information purposes only and represent no statement, promise or guarantee by Ethicon Endo-Surgery, Inc. that these codes will be appropriate or that reimbursement will be made. ICD-9 is based on the official version of the World Health Organization's Ninth Revision, International Classification of Diseases. CPT codes and descriptions only are copyright 2011 American Medical Association. All Rights Reserved. CPT does not include fee schedules, relative values or related listings. The source for this information is the Centers for Medicare and Medicaid Services and various commercial payors. The content provided by the Centers for Medicare and Medicaid Services is updated frequently. It is the responsibility of the health services provider to confirm the appropriate coding required by their local Medicare carriers, fiscal intermediaries and commercial payors.