

2012 Colectomy Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ²
Traditional Open Procedure		
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	\$121
44140	Colectomy, partial; with anastomosis	1,334
44141	Colectomy, partial; with skin level cecostomy or colostomy	1,810
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	1,656
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	1,758
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	1,652
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	2,106
44147	Colectomy, partial; abdominal and transanal approach	1,921
44150	Colectomy, total; abdominal, without proctectomy; with ileostomy or ileoproctostomy	1,861
44151	Colectomy, total; abdominal, without proctectomy; with continent ileostomy	2,127
44155	Colectomy, total; abdominal, with proctectomy; with ileostomy	2,073
44156	Colectomy, total; abdominal, with proctectomy; with continent ileostomy	2,295
44157	Colectomy, total; abdominal, without proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	2,164
44158	Colectomy, total; abdominal, without proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	2,219
44160	Colectomy, partial; with removal of terminal ileum with ileocolostomy	1,235
44799	Unlisted procedure, intestine	Carrier Priced
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	1,723

Laparoscopic Procedure

44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	\$1,534
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	1,334
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	1,750
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	1,822
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	1,983
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	1,790
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, with or without rectal mucosectomy	2,238
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	2,058
44213	Laparoscopy, surgical; mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy	189

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0130	Level I Laparoscopy (CPT code: 44213)	\$2,720
0132	Level III Laparoscopy (CPT codes: 44206, 44207, 44208)	5,005
0153	Peritoneal and Abdominal Procedures (CPT code: 44799)	1,918

INPATIENT FACILITY

ICD-9 CODE ⁴	DESCRIPTION	ICD-9 CODE ⁴	DESCRIPTION
17.31	Laparoscopic multiple segmental resection of large intestine	45.95	Anastomosis to anus
17.32	Laparoscopic cecectomy	46.01	Exteriorization of small intestine
17.33	Laparoscopic hemicolectomy	46.03	Exteriorization of large intestine
17.34	Laparoscopic resection of transverse colon	46.04	Resection of exteriorized segment of large intestine
17.35	Laparoscopic left hemicolectomy	46.10	Colostomy, not otherwise specified
17.36	Laparoscopic sigmoidectomy	46.11	Temporary colostomy
17.39	Other laparoscopic partial excision of large intestine	46.13	Permanent colostomy
45.71	Open and other multiple segmental resection of large intestine	46.20	Ileostomy, not otherwise specified
45.72	Open and other cecectomy	46.21	Temporary ileostomy
45.73	Open and other right hemicolectomy	46.22	Continent ileostomy
45.74	Open and other resection of transverse colon	46.23	Other permanent ileostomy
45.75	Open and other left hemicolectomy	48.40	Pull-through resection of rectum, not otherwise specified
45.76	Open and other sigmoidectomy	48.42	Laparoscopic pull-through resection of rectum
45.79	Other and unspecified partial excision of large intestine	48.43	Open pull-through resection of rectum
45.81	Laparoscopic total intra-abdominal colectomy	48.50	Abdominoperineal resection of the rectum, not otherwise specified
45.82	Open total intra-abdominal colectomy	48.51	Laparoscopic abdominoperineal resection of the rectum
45.83	Other and unspecified total intra-abdominal colectomy	48.52	Open abdominoperineal resection of the rectum
45.92	Anastomosis of small intestine to rectal stump	48.49	Other pull-through resection of rectum
45.93	Other small-to-large intestinal anastomosis	48.59	Other abdominoperineal resection of the rectum
45.94	Large-to-large intestinal anastomosis		

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

INPATIENT FACILITY

DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) ⁵	NATIONAL AVERAGE DRG PAYMENT ⁵
329	Major small & large bowel procedures with MCC	15.1	\$29,966
330	Major small & large bowel procedures with CC	8.9	14,591
331	Major small & large bowel procedures without CC/MCC	5.1	9,153

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

⁵ Federal Register, Vol. 76, No. 160, Thursday, August 16 2011/ Rules and Regulations; Final Rule - National Average DRG Payment.

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

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