

2012 Hemorrhoidectomy Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT FACILITY ²	NATIONAL AVERAGE MEDICARE PAYMENT NON-FACILITY ²
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	\$107	NA
45999*	Unlisted procedure, rectum	Carrier Priced	Carrier Priced
46083	Incision of thrombosed hemorrhoid, external	107	\$177
46220	Excision of single external papilla or tag, anus	118	203
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	190	265
46230	Excision of multiple external papillae or tags, anus	172	270
46250	Hemorrhoidectomy, external, 2 or more columns/groups	310	453
46255	Hemorrhoidectomy, internal and external, single column/group	350	499
46257	Hemorrhoidectomy, internal and external, simple; with fissurectomy	416	NA
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	460	NA
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups	468	NA
46261	Hemorrhoidectomy, internal and external, complex or extensive; with fissurectomy	519	NA
46262	Hemorrhoidectomy, internal and external, 2 of more columns/groups; with fistulectomy, including fissurectomy, when performed	547	NA
46500	Injection of sclerosing solution, hemorrhoids	128	232
46700	Anoplasty, plastic operation for stricture, adult	646	NA
46705	Anoplasty, plastic operation for stricture, infant	506	NA
46706	Repair of anal fistula with fibrin glue	165	NA
46707	Repair of anorectal fistula with plug (eg. Porcine small intestine submucosa (SIS))	466	NA
46710	Repair of ileoanal pouch fistula/sinus (e.g., perineal or vaginal), pouch advancement; transperineal approach	1,088	NA
46712	Repair of ileoanal pouch fistula/sinus, pouch advancement; combined transperineal and transabdominal approach	2,020	NA
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group	224	302
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group; 2 or more hemorrhoid columns/groups	224	309
46999*	Anus surgery procedure, unlisted	Carrier Priced	Carrier Priced

*Surgeon must submit operative report when using xx999 procedure codes.

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0148	Level I Anal/Rectal Procedure (For CPT codes: 45999, 46221, 46500, 46999)	\$389
0149	Level III Anal/Rectal Procedure (CPT codes: 45990, 46230, 46250, 46255, 46257, 46258, 46260, 46261, 46262, 46700, 46945, 46946)	1,707
0150	Level IV Anal/Rectal Procedure (CPT codes: 46706, 46707)	2,307
0155	Level II Anal/Rectal Procedure (CPT codes: 46220)	1,082
0164	Incise external hemorrhoid (CPT code: 46083)	136

Freestanding Ambulatory Surgery Center

CPT CODES	MEDICARE PAYMENT ⁴
45990	\$985
46083	79
46500	164
46221	171
46945	214
46220	624
46230, 46250, 46255, 46257, 46258, 46260, 46261, 46262, 46700, 46946	985
46706, 46707	1,331



INPATIENT FACILITY

ICD-9 CODE ⁵	DESCRIPTION
17.36	Laparoscopic sigmoidectomy
45.76	Open and other sigmoidectomy
49.03	Excision of perianal skin tags
49.12	Anal fistulectomy
49.39	Other local excision or destruction of lesion or tissue of anus
49.42	Injection of hemorrhoids
49.43	Cauterization of hemorrhoids
49.44	Destruction of hemorrhoids by cryotherapy
49.45	Ligation of hemorrhoids
49.46	Excision of hemorrhoids
49.47	Evacuation of thrombosed hemorrhoids
49.49	Other procedures on hemorrhoids
49.51	Left lateral anal sphincterotomy
49.52	Posterior anal sphincterotomy
49.73	Closure of anal fistula
99.29	Injection or infusion of other therapeutic or prophylactic substance
99.77	Application or administration of adhesion barrier substance

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.

DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) ⁶	NATIONAL AVERAGE DRG PAYMENT ⁴
264	Other circulatory system O.R. procedures	8.0	\$14,405
332	Rectal resection with MCC	13.7	27,419
333	Rectal resection with CC	7.9	13,942
334	Rectal resection without CC/MCC	4.8	9,031
329	Major small & large bowel procedures with MCC	15.1	29,966
347	Anal & stomal procedures with MCC	8.8	14,264
348	Anal & stomal procedures with CC	5.4	7,901
349	Anal & stomal procedures without CC/MCC	2.8	4,547
579	Other skin, subcutaneous tissue & breast procedure with MCC	9.7	15,168
580	Other skin, subcutaneous tissue & breast procedure with CC	5.1	8,335
581	Other skin, subcutaneous tissue & breast procedure without CC/MCC	2.4	5,348
707	Major male pelvic procedures with CC/MCC	4.3	10,276
708	Major male pelvic procedures without CC/MCC	1.8	7,184
907	Other O.R. procedures for injuries with MCC	11.3	22,334
908	Other O.R. procedures for injuries with CC	6.0	10,867
909	Other O.R. procedures for injuries without CC/MCC	3.3	6,539
987	Non-extensive O.R. procedures unrelated to principal diagnosis with MCC	11.7	19,168
988	Non-extensive O.R. procedures unrelated to principal diagnosis with CC	7.0	10,455
989	Non-extensive O.R. procedures unrelated to principal diagnosis without CC/MCC	3.3	5,959
957	Other O.R. procedures for multiple significant trauma with MCC	14.5	37,175
958	Other O.R. procedures for multiple significant trauma with CC	9.2	21,112
959	Other O.R. procedures for multiple significant trauma without CC/MCC	5.7	13,915
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 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.

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