

2010 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)	\$120
44140	Colectomy, partial; with anastomosis	1,300
44141	Colectomy, partial; with skin level cecostomy or colostomy	1,746
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	1,611
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	1,707
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	1,617
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	2,040
44147	Colectomy, partial; abdominal and transanal approach	1,867
44150	Colectomy, total; abdominal, without proctectomy; with ileostomy or ileoproctostomy	1,794
44151	Colectomy, total; abdominal, without proctectomy; with continent ileostomy	2,058
44155	Colectomy, total; abdominal, with proctectomy; with ileostomy	2,000
44156	Colectomy, total; abdominal, with proctectomy; with continent ileostomy	2,213
44157	Colectomy, total; abdominal, without proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	2,099
44158	Colectomy, total; abdominal, without proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	2,149
44160	Colectomy, partial; with removal of terminal ileum with ileocolostomy	1,201
44799	Unlisted procedure, intestine	Carrier Priced
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	1,672

Laparoscopic Procedure

44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	\$1,498
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	1,305
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	1,706
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	1,784
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	1,936
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	1,739
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	2,159
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	1,998
44213	Laparoscopy, surgical; mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy	187

Note: CPT codes 44152 and 44153 have been deleted in CY2007. According to the AMA CPT coding guidelines, to report these codes you are to use 44799.

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0130	Level I Laparoscopy (CPT code: 44213)	\$2,559
0132	Level III Laparoscopy (CPT codes: 44206, 44207, 44208)	4,906
0153	Peritoneal and Abdominal Procedures (CPT code: 44799)	1,828

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	15.7	\$29,006
330	Major small & large bowel procedures with CC	9.2	14,098
331	Major small & large bowel procedures without CC/MCC	5.5	9,002

¹ All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2009 American Medical Association. All Rights Reserved.

² Federal Register, Vol. 74, No. 226, Wednesday, November 25, 2009/ Rules and Regulations. The 2010 Physician Reimbursement Conversion Factor = \$36.8729; Federal Register.

³ Federal Register, Vol. 74, No. 223, Friday, November 20, 2009/ Rules and Regulations; Hospital Outpatient Payment.

⁴ Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2009 Saunders, an imprint of Elsevier, Inc.

⁵ Federal Register, Vol. 74, No. 165, Thursday, August 27, 2009/ Rules and Regulations; National Average DRG Payment.

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

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