

# 2010 Hemorrhoidectomy Reimbursement Fact Sheet

SURGEON CPT CODE <sup>1</sup>	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT FACILITY <sup>2</sup>	NATIONAL AVERAGE MEDICARE PAYMENT NON-FACILITY <sup>2</sup>
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	\$105	NA
45999*	Unlisted procedure, rectum	Carrier Priced	Carrier Priced
46083	Incision of thrombosed hemorrhoid, external	102	\$162
46220	Excision of single external papilla or tag, anus	111	179
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	175	235
46230	Excision of multiple external papillae or tags, anus	164	243
46250	Hemorrhoidectomy, external, 2 or more columns/groups	291	407
46255	Hemorrhoidectomy, internal and external, single column/group	330	452
46257	Hemorrhoidectomy, internal and external, simple; with fissurectomy	388	NA
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	432	NA
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups	440	NA
46261	Hemorrhoidectomy, internal and external, complex or extensive; with fissurectomy	493	NA
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	514	NA
46500	Injection of sclerosing solution, hemorrhoids	120	199
46700	Anoplasty, plastic operation for stricture, adult	610	NA
46705	Anoplasty, plastic operation for stricture, infant	469	NA
46706	Repair of anal fistula with fibrin glue	159	NA
46707	Repair of anorectal fistula with plug (eg. Porcine small intestine submucosa (SIS))	454	NA
46710	Repair of ileoanal pouch fistula/sinus (e.g., perineal or vaginal), pouch advancement; transperineal approach	1,056	NA
46712	Repair of ileoanal pouch fistula/sinus, pouch advancement; combined transperineal and transabdominal approach	1,980	NA
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group	202	263
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group; 2 or more hemorrhoid columns/groups	208	277
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 <sup>3</sup>
0148	Level I Anal/Rectal Procedure (For CPT codes: 45999, 46221, 46999)	\$361
0149	Level III Anal/Rectal Procedure (CPT codes: 45990, 46220, 46230, 46250, 46255, 46257, 46258, 46260, 46261, 46262, 46700, 46936)	1,612
0150	Level IV Anal/Rectal Procedure (CPT code: 46706)	2,164
0155	Level II Anal/Rectal Procedure (CPT codes: 46500, 46945, 46946)	949
0164	Incise external hemorrhoid (CPT code: 46083)	136

### Freestanding Ambulatory Surgery Center

CPT CODES	MEDICARE PAYMENT <sup>4</sup>
45990	\$794
46083	81
46500	126
46221	133
46945	167
46946	503
46220	503
46230	799
46250, 46255, 46257, 46258, 46260, 46700	841
46261, 46262	870
46706	1,045
46707	1,288

**INPATIENT FACILITY**

ICD-9 CODE <sup>5</sup>	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) <sup>6</sup>	NATIONAL AVERAGE DRG PAYMENT <sup>4</sup>
264	Other circulatory system O.R. procedures	8.5	\$14,158
332	Rectal resection with MCC	14.5	26,955
333	Rectal resection with CC	8.4	13,629
334	Rectal resection without CC/MCC	5.2	9,147
329	Major small & large bowel procedures with MCC	15.7	29,006
347	Anal & stomal procedures with MCC	8.7	12,787
348	Anal & stomal procedures with CC	5.5	7,470
349	Anal & stomal procedures without CC/MCC	2.9	4,326
579	Other skin, subcutaneous tissue & breast procedure with MCC	10.7	16,116
580	Other skin, subcutaneous tissue & breast procedure with CC	5.3	7,899
581	Other skin, subcutaneous tissue & breast procedure without CC/MCC	2.4	4,847
707	Major male pelvic procedures with CC/MCC	4.2	9,419
708	Major male pelvic procedures without CC/MCC	2.0	6,786
907	Other O.R. procedures for injuries with MCC	11.6	21,486
908	Other O.R. procedures for injuries with CC	6.5	10,574
909	Other O.R. procedures for injuries without CC/MCC	3.4	6,284
987	Non-extensive O.R. procedures unrelated to principal diagnosis with MCC	12.6	19,199
988	Non-extensive O.R. procedures unrelated to principal diagnosis with CC	7.3	10,066
989	Non-extensive O.R. procedures unrelated to principal diagnosis without CC/MCC	3.7	5,846
957	Other O.R. procedures for multiple significant trauma with MCC	15.1	35,550
958	Other O.R. procedures for multiple significant trauma with CC	9.5	20,624
959	Other O.R. procedures for multiple significant trauma without CC/MCC	5.8	12,416
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

<sup>1</sup> 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.

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

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

<sup>4</sup> Federal Register, Vol. 74, No. 223, Friday, November 20, 2009/ Rules and Regulations; ASC Reimbursement.

<sup>5</sup> Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2009 Saunders, an imprint of Elsevier, Inc.

<sup>6</sup> 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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