

# 2020 Anastomosis Reimbursement Fact Sheet

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## Finding the appropriate ICD-10-PCS Code<sup>1</sup>

**STEP 1: Select the code characters below that best describe the procedure and associated body part.**

Procedure Code	Body Part
OD1 Bypass, Gastrointestinal System	8 Small Intestine
ODB Excision, Gastrointestinal System	9 Duodenum
ODQ Repair, Gastrointestinal System	A Jejunum
ODT Resection, Gastrointestinal System	B Ileum
	E Large Intestine
	F Large Intestine, Right
	G Large Intestine, Left
	H Cecum
	K Ascending Colon
	L Transverse Colon
	M Descending Colon
	N Sigmoid Colon
	P Rectum

**STEP 2: Using your coding reference book or software, select the 3 characters that best describe the associated approach, device and qualifier in the respective order.**

Given the large number of individual procedure codes available for enterectomy and anastomosis procedures, please refer to your coding reference book or coding software to look up the associated Approach, Device and Qualifier that best align to the procedure code and body part you identified in Step 1 above.

**STEP 3: Combine the characters in Step 1 with the characters in Step 2 in the respective order. This is your ICD-10-PCS Code.**

For example, the code for **Bypass Ascending Colon to Transverse Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach (OD1K47L)** would be created in the steps below:

**Example: STEP 1: ODIK + STEP 2: Approach 4 Device 7 Qualifier L = STEP 3: OD1K47L**

## Surgeon CPT & DRG Codes

Surgeon CPT Code <sup>2</sup>	Procedure	Nat Average Medicare Payment <sup>3</sup>
<b>Traditional Open Procedure</b>		
44120	Enterectomy, resection of small intestine; single resection and anastomosis	\$ 1,286
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	\$ 254
44125	Enterectomy, resection of small intestine; with enterostomy	\$ 1,239
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	\$ 2,601
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	\$ 3,008
44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	\$ 256
44130	Enterointerostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	\$ 1,382

## Surgeon CPT & DRG Codes (continued)

44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	\$ 127
44140	Colectomy, partial; with anastomosis	\$ 1,410
44141	Colectomy, partial; with skin level cecostomy or colostomy	\$ 1,914
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	\$ 1,747
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	\$ 1,856
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	\$ 1,734
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	\$ 2,211
44147	Colectomy, partial; abdominal and transanal approach	\$ 2,035
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	\$ 1,955
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	\$ 2,272
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	\$ 2,168
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	\$ 2,432
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	\$ 2,307
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	\$ 2,365
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	\$ 1,304
44310	Ileostomy or jejunostomy, non-tube	\$ 1,092
44320	Colostomy or skin level cecostomy;	\$ 1,260
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	\$ 1,055
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	\$ 1,111
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	\$ 1,369
44620	Closure of enterostomy, large or small intestine;	\$ 908
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	\$ 1,060
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	\$ 1,679
45111	Proctectomy; partial resection of rectum, transabdominal approach	\$ 1,137
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	\$ 1,947
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	\$ 1,956
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	\$ 1,913
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	\$ 1,613
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	\$ 2,012
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	\$ 1,680
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	\$ 1,836
45130	Excision of rectal procidentia, with anastomosis; perineal approach	\$ 1,132
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	\$ 1,349
45800	Closure of rectovesical fistula;	\$ 1,334
45805	Closure of rectovesical fistula; with colostomy	\$ 1,545
45820	Closure of rectourethral fistula;	\$ 1,337
45825	Closure of rectourethral fistula; with colostomy	\$ 1,615

### Laparoscopic Procedure

44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	\$ 1,148
44188	Laparoscopy, surgical; colostomy or skin level cecostomy	\$ 1,279
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	\$ 1,456
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	\$ 253

## Surgeon CPT & DRG Codes (continued)

44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	\$ 1,613
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	\$ 1,401
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	\$ 1,833
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	\$ 1,902
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	\$ 2,071
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	\$ 1,853
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	\$ 2,209
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	\$ 2,130
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	\$ 196
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	\$ 1,747
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	\$ 2,053
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	\$ 2,233

### INPATIENT FACILITY

DRG	Description*	Average Length of Stay (Days) <sup>4</sup>	Nat Average Medicare Payment <sup>4</sup>
329	Major Small and Large Bowel Procedures with MCC	13.1	\$ 30,737
330	Major Small and Large Bowel Procedures with CC	7.1	\$ 15,827
331	Major Small and Large Bowel Procedures without CC/MCC	4.0	\$ 10,581
619	O.R. Procedures for Obesity with MCC	5.1	\$ 19,283
620	O.R. Procedures for Obesity with CC	2.3	\$ 11,241
621	O.R. Procedures for Obesity without CC/MCC	1.6	\$ 9,847

NOTE: FY 2020 is effective October 1, 2019 for Inpatient Hospital DRGs.

\*CC stands for Complications and Comorbidities while MCC refers to Major Complications and Comorbidities. These are a measure of the severity of an illness indicating additional diagnoses present on a case that may increase the expected resource consumption beyond that of the same case without a CC or MCC under the current Medicare definition. Whether a complication or comorbidity is classified as a CC or MCC is defined by Medicare.

1. ICD-10 Procedural Coding System (ICD-10-PCS) is developed and maintained by the Centers for Medicare and Medicaid Services (CMS). 2. All Current Procedural Terminology (CPT) five digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2019 American Medical Association. 3. CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B (CMS-1715-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$36,0896 effective January 2020. 4. Medicare Inpatient Prospective Payment System Final Rule [CMS-1616-F], Federal Register (Vol. 84, Issue 159), Friday, August 16, 2019; Final: National Average DRG Payment.

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