

# 2020 Colectomy Reimbursement Fact Sheet

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

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

Procedure Code	Description (Includes Body Part)	Procedure Code	Description (Includes Body Part)
OD19	Bypass / Duodenum	ODBQ	Excision / Anus
OD1A	Bypass / Jejunum	ODBR	Excision / Anal Sphincter
OD1B	Bypass / Ileum	ODFP	Fragmentation / Rectum
OD1H	Bypass / Cecum	ODNR	Release / Anal Sphincter
OD1K	Bypass / Ascending Colon	ODQP	Repair / Rectum
OD1L	Bypass / Transverse Colon	ODQQ	Repair / Anus
OD1M	Bypass / Descending Colon	ODQR	Repair / Anal Sphincter
OD1N	Bypass / Sigmoid Colon	ODRR	Replacement / Anal Sphincter
OD5Q	Destruction / Anus	ODSP	Reposition / Rectum
OD5R	Destruction / Anal Sphincter	ODTE	Resection / Large Intestine
OD7Q	Dilation / Anus	ODTF	Resection / Large Intestine, Right
OD8R	Division / Anal Sphincter	ODTG	Resection / Large Intestine, Left
ODBE	Excision / Large Intestine	ODTH	Resection / Cecum
ODBF	Excision / Large Intestine, Right	ODTK	Resection / Ascending Colon
ODBG	Excision / Large Intestine, Left	ODTL	Resection / Transverse Colon
ODBH	Excision / Cecum	ODTM	Resection / Descending Colon
ODBK	Excision / Ascending Colon	ODTN	Resection / Sigmoid Colon
ODBL	Excision / Transverse Colon	ODTP	Resection / Rectum
ODBM	Excision / Descending Colon	ODUP	Supplement / Rectum
ODBN	Excision / Sigmoid Colon	ODUR	Supplement / Anal Sphincter
ODBP	Excision / Rectum	ODVP	Restriction / Rectum
		OJQC	Repair / Subcutaneous Tissue & Fascia, Pelvic Region

**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 colectomy 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 from steps 1 and 2 in the respective order from left to right. This is your ICD-10-PCS Code.**

For example, the code for **Resection of Large Intestine, Open Approach (ODTEOZZ)** would be created in the steps below:

**Example:** STEP 1: ODT + STEP 2: Body Part E Approach O Device Z Qualifier Z = STEP 3: **ODTEOZZ**

## Joint Coding Requirements

**Note: the following 4 billing codes must be combined with one of the procedure codes below it and billed jointly to ensure proper reimbursement.\***

**\*OD1NOZ4 Bypass Sigmoid Colon to Cutaneous, Open Approach** (must bill jointly with one of the following 4 procedures)

ODTP0ZZ Resection of Rectum, Open Approach

ODTP7ZZ Resection of Rectum, Via Natural or Artificial Opening

ODTP4ZZ Resection of Rectum, Percutaneous Endoscopic Approach

ODTP8ZZ Resection of Rectum, Via Natural or Artificial Opening Endoscopic

# Surgeon CPT, APC & DRG Codes

Surgeon CPT Code <sup>2</sup>	Procedure	Nat Average Medicare Payment <sup>3</sup>
<b>Traditional Open Procedure</b>		
+44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy	\$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, without proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	\$2,307
44158	Colectomy, total; abdominal, without proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	\$2,365
44160	Colectomy, partial; with removal of terminal ileum with ileocolostomy	\$1,304
44320	Colostomy or skin level cecostomy;	\$1,260
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	\$1,044
44799	Unlisted procedure, small intestine	Carrier Priced
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	\$1,917
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	\$1,914
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
45123	Proctectomy, partial, without anastomosis, perineal approach	\$1,164
45399	Unlisted procedure, colon	Carrier Priced

+List separately in addition to primary procedure

<b>Laparoscopic Procedure</b>		
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 anatomosis) 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	\$196
44238	Unlisted laparoscopy procedure, intestine (except rectum)	Carrier Priced
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
45499	Unlisted laparoscopy procedure, rectum	Carrier Priced

+List separately in addition to primary procedure

## Surgeon CPT, APC & DRG Codes

APC	APC Description	Status Indicator	Nat Average Medicare Payment <sup>4</sup>
<b>Hospital Outpatient Department</b>			
5301	Level 1 Upper GI Procedures (CPT code: 44799)	T	\$786
5311	Level 1 Lower GI Procedures (CPT code: 45399)	T	\$764
5361	Level 1 Laparoscopy and Related Services (CPT code: 44238, 45499)	J1	\$4,833

DRG	Description*	Average Length of Stay (Days) <sup>5</sup>	Nat Average DRG Payment <sup>5</sup>
<b>Inpatient Facility</b>			
329	Major small & large bowel procedures with MCC	13.1	\$30,737
330	Major small & large bowel procedures with CC	7.1	\$15,827
331	Major small & large bowel procedures without CC/MCC	4.0	\$10,581

**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 \$36,089.6 effective January 2020. 4. 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 \$36,089.6 effective January 2020. 4. CY 2020 Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1717-FC); Addendum B and Final ASC Addenda AA. 5. Medicare

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