

# 2021 Adhesions Reimbursement Fact Sheet

The information contained in this document is provided for informational purposes only and represents no statement, promise, or guarantee by Ethicon concerning levels of reimbursement, payment, or charge. Similarly, all CPT, ICD-10 and HCPCS codes are supplied for informational purposes only and represent no statement, promise, or guarantee by Ethicon that these codes will be appropriate or that reimbursement will be made. It is not intended to increase or maximize reimbursement by any payor. CPT codes and descriptions are copyright 2020 American Medical Association. ICD-10 codes and descriptions are copyright 2020 World Health Organization; revise for use in the United States by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS). Healthcare Common Procedure Coding System (HCPCS) Level II codes and descriptions are copyright 2020 CMS. While we have made an effort to provide information that is current at the time of its issue, the information may not be as current or comprehensive when you view it. We strongly recommend that you consult your counsel, reimbursement specialist or payor organization with regard to reimbursement policies. Physicians should refer to their provider Carrier Manual for their geographic payment.

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

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

Procedure Code	Description (Includes Body Part)	Procedure Code	Description (Includes Body Part)
0DN8	Release / Small Intestine	0DNM	Release / Descending Colon
0DN9	Release / Duodenum	0DNN	Release / Sigmoid Colon
0DNA	Release / Jejunum	0DNP	Release / Rectum
0DNB	Release / Ileum	0DNS	Release / Greater Omentum
0DNC	Release / Ileocecal Valve	0DNT	Release / Lesser Omentum
0DNE	Release / Large Intestine	0DNV	Release / Mesentery
0DNF	Release / Large Intestine, Right	0DNW	Release / Peritoneum
0DNG	Release / Large Intestine, Left	0FN	Release / Hepatobiliary System & Pancreas
0DNH	Release / Cecum	0TN	Release / Urinary System
0DNJ	Release / Appendix	0TQ6	Repair / Ureter, Right
0DNK	Release / Ascending Colon	0TQ7	Repair / Ureter, Left
0DNL	Release / Transverse Colon	0UN	Release / Female Reproductive System

**STEP 2: Using your coding reference book or software, select the characters that best describe the associated body part (if not indicated above), approach, device and qualifier in the respective order.**

Given the large number of individual procedure codes available for adhesiolysis 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 code 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 Release of Small Intestine, Open Approach (0DN80ZZ) would be created in the steps below:

Example: STEP 1: 0DN8 + STEP 2: Approach 0 + Device Z + Qualifier Z = STEP 3: 0DN80ZZ

## Joint Coding Requirements

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

\*0UN00ZZ Release Right Ovary, Open Approach OR 0UN03ZZ Release Right Ovary, Percutaneous Approach

(must bill jointly with one of the following two procedures, and vice versa)

0UN50ZZ Release Right Fallopian Tube, Open Approach

0UN53ZZ Release Right Fallopian Tube, Percutaneous Approach

\*0UN10ZZ Release Left Ovary, Open Approach OR 0UN13ZZ Release Left Ovary, Percutaneous Approach

(must bill jointly with one of the following two procedures, and vice versa)

0UN60ZZ Release Left Fallopian Tube, Open Approach

0UN63ZZ Release Left Fallopian Tube, Percutaneous Approach

\*0UN20ZZ Release Bilateral Ovaries, Open Approach OR 0UN23ZZ Release Bilateral Ovaries, Percutaneous Approach

(must bill jointly with one of the following two procedures, and vice versa)

0UN70ZZ Release Bilateral Fallopian Tubes, Open Approach

0UN73ZZ Release Bilateral Fallopian Tubes, Percutaneous Approach

\*0UN04ZZ Release Right Ovary, Percutaneous Endoscopic Approach

(must bill jointly with the following procedure, and vice versa)

0UN54ZZ Release Right Fallopian Tube, Percutaneous Endoscopic Approach

\*0UN14ZZ Release Left Ovary, Percutaneous Endoscopic Approach (must bill jointly with the following procedure, and vice versa)

0UN64ZZ Release Left Fallopian Tube, Percutaneous Endoscopic Approach

\*0UN24ZZ Release Bilateral Ovaries, Percutaneous Endoscopic Approach (must bill jointly with the following procedure, and vice versa)

0UN74ZZ Release Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach

## Surgeon CPT, APC, ASC & DRG Codes

Surgeon CPT Code <sup>2</sup>	Procedure		Nat Average Medicare Payment <sup>3</sup>
-------------------------------	-----------	--	---

### Traditional Open Procedure

44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)		\$ 1,125
47999	Unlisted procedure, biliary tract		Carrier priced
48999	Unlisted procedure, pancreas		Carrier priced
49999	Unlisted procedure, abdomen, peritoneum and omentum		Carrier priced
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis		\$ 1,229
50722	Ureterolysis for ovarian vein syndrome		\$ 1,050
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava		\$ 1,119
58740	Lysis of adhesions (salpingolysis, ovariolysis)		\$ 926

### Laparoscopic Procedure

44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)		\$ 948
47579	Unlisted laparoscopy procedure, biliary tract		Carrier priced
49329	Unlisted laparoscopic procedure, abdomen, peritoneum and omentum		Carrier priced
50949	Unlisted laparoscopic procedure, ureter		Carrier priced
58660	Laparoscopy, surgical, with lysis of adhesions (salpingolysis, ovariolysis) (separate procedures)		\$ 700

### OUTPATIENT FACILITY

APC	APC Description	Status	Nat Average Medicare Payment <sup>4</sup>
-----	-----------------	--------	---

### Hospital Outpatient Department

5071	Level 1 Excision/ Biopsy/ Incision and Drainage (CPT code: 48999)	T	\$ 622
5301	Level 1 Upper GI Procedures (CPT code: 47999, 49999)	T	\$ 810
5361	Level 1 Laparoscopy & Related Services (CPT codes: 44180, 58660, 47579, 49329, 50949)	J1	\$ 5,060
N/A	Inpatient Only [CPT codes: 44005, 50715, 50722, 50725, 58740]	N	Inpatient Only

### Ambulatory Surgery Center

ASC Group	CPT Codes		Nat Average Medicare Payment <sup>5</sup>
-----------	-----------	--	---

### Laparoscopic Procedure

58660	Laparoscopy, surgical, with lysis of adhesions (salpingolysis, ovariolysis) (separate procedures)		\$ 2,318
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)		\$ 2,318

## Surgeon CPT, APC, ASC & DRG Codes (continued)

### INPATIENT FACILITY

DRG	Description*	Average Length of Stay (Days) <sup>6</sup>	National Average DRG Payment <sup>6</sup>
335	Peritoneal adhesiolysis with MCC	9.3	\$ 25,006
336	Peritoneal adhesiolysis with CC	5.9	\$ 14,673
337	Peritoneal adhesiolysis without CC/MCC	3.7	\$ 10,494
662	Minor bladder procedures with MCC	6.9	\$ 18,831
663	Minor bladder procedures with CC	3.7	\$ 10,251
664	Minor bladder procedures without CC/MCC	1.9	\$ 7,611
715	Other male reproductive system O.R. procedure for malignancy with CC/MCC	5.0	\$ 12,977
716	Other male reproductive system O.R. procedure for malignancy without CC/MCC	1.4	\$ 8,205
717	Other male reproductive system O.R. procedure except malignancy with CC/MCC	3.7	\$ 11,560
718	Other male reproductive system O.R. procedure except malignancy without CC/MCC	2.2	\$ 7,946
736	Uterine & adnexa procedure for ovarian or adnexal malignancy with MCC	8.4	\$ 27,370
737	Uterine & adnexa procedure for ovarian or adnexal malignancy with CC	4.2	\$ 13,229
738	Uterine & adnexa procedure for ovarian or adnexal malignancy without CC/MCC	2.6	\$ 9,491
739	Uterine & adnexa procedure for non-ovarian/adnexal malignancy with MCC	6.6	\$ 24,564
740	Uterine & adnexa procedure for non-ovarian/adnexal malignancy with CC	2.8	\$ 11,570
741	Uterine & adnexa procedure for non-ovarian/adnexal malignancy without CC/MCC	1.6	\$ 8,224
742	Uterine & adnexa procedure for non-malignancy with CC/MCC	2.8	\$ 11,036
743	Uterine & adnexa procedure for non-malignancy without CC/MCC	1.7	\$ 7,278
749	Other female reproductive system O.R. procedures with CC/MCC	5.6	\$ 17,402
750	Other female reproductive system O.R. procedures without CC/MCC	2.3	\$ 9,422

NOTE: : FY 2021 is effective October 1, 2020 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 2020 American Medical Association. 3. CY 2021 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B (CMS-1734-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$34,8931 effective January 2021. 4. CY 2021 Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1736-F); Addendum B and Final ASC Addenda AA. 5. CY 2021 Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1737-F); Addendum B and Final ASC Addenda AA. 6. Medicare Inpatient Prospective Payment System Final Rule [CMS-1735-F], Federal Register (Vol. 85, Issue 182), Friday, September 19, 2020; Final: National Average DRG Payment.