

2021 Anastomosis Reimbursement Fact Sheet

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Finding the appropriate ICD-10-PCS Code¹

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

| Procedure Code | Body Part |
|--|--------------------------|
| 0D1 Bypass, Gastrointestinal System | 8 Small Intestine |
| 0DB Excision, Gastrointestinal System | 9 Duodenum |
| 0DQ Repair, Gastrointestinal System | A Jejunum |
| 0DT 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 (0D1K47L) would be created in the steps below:

Example: STEP 1: 0D1K + STEP 2: Approach 4 Device 7 Qualifier L = STEP 3: 0D1K47L

Surgeon CPT & DRG Codes

| Surgeon CPT Code ² | Procedure | Nat Average Medicare Payment ³ |
|-----------------------------------|--|---|
| Traditional Open Procedure | | |
| 44120 | Enterectomy, resection of small intestine; single resection and anastomosis | \$ 1,258 |
| 44121 | Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure) | \$ 248 |
| 44125 | Enterectomy, resection of small intestine; with enterostomy | \$ 1,212 |
| 44126 | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering | \$ 2,547 |
| 44127 | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering | \$ 2,942 |
| 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) | \$ 251 |
| 44130 | Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure) | \$ 1,354 |

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) | \$ 124 |
| 44140 | Colectomy, partial; with anastomosis | \$ 1,381 |
| 44141 | Colectomy, partial; with skin level cecostomy or colostomy | \$ 1,875 |
| 44143 | Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure) | \$ 1,710 |
| 44144 | Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula | \$ 1,817 |
| 44145 | Colectomy, partial; with coloproctostomy (low pelvic anastomosis) | \$ 1,692 |
| 44146 | Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy | \$ 2,162 |
| 44147 | Colectomy, partial; abdominal and transanal approach | \$ 1,986 |
| 44150 | Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy | \$ 1,912 |
| 44151 | Colectomy, total, abdominal, without proctectomy; with continent ileostomy | \$ 2,230 |
| 44155 | Colectomy, total, abdominal, with proctectomy; with ileostomy | \$ 2,123 |
| 44156 | Colectomy, total, abdominal, with proctectomy; with continent ileostomy | \$ 2,387 |
| 44157 | Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed | \$ 2,264 |
| 44158 | Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed | \$ 2,319 |
| 44160 | Colectomy, partial, with removal of terminal ileum with ileocolostomy | \$ 1,275 |
| 44310 | Ileostomy or jejunostomy, non-tube | \$ 1,066 |
| 44320 | Colostomy or skin level cecostomy; | \$ 1,234 |
| 44322 | Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure) | \$ 1,050 |
| 44604 | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy | \$ 1,087 |
| 44605 | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy | \$ 1,334 |
| 44620 | Closure of enterostomy, large or small intestine; | \$ 888 |
| 44625 | Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal | \$ 1,036 |
| 44626 | Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure) | \$ 1,639 |
| 45111 | Proctectomy; partial resection of rectum, transabdominal approach | \$ 1,115 |
| 45112 | Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis) | \$ 1,900 |
| 45113 | Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy | \$ 1,903 |
| 45114 | Proctectomy, partial, with anastomosis; abdominal and transsacral approach | \$ 1,876 |
| 45116 | Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type) | \$ 1,569 |
| 45119 | Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed | \$ 1,917 |
| 45120 | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation) | \$ 1,651 |
| 45121 | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies | \$ 1,803 |
| 45130 | Excision of rectal procidentia, with anastomosis; perineal approach | \$ 1,105 |
| 45135 | Excision of rectal procidentia, with anastomosis; abdominal and perineal approach | \$ 1,316 |
| 45800 | Closure of rectovesical fistula; | \$ 1,315 |
| 45805 | Closure of rectovesical fistula; with colostomy | \$ 1,524 |
| 45820 | Closure of rectourethral fistula; | \$ 1,318 |
| 45825 | Closure of rectourethral fistula; with colostomy | \$ 1,595 |

Laparoscopic Procedure

| | | |
|-------|--|----------|
| 44187 | Laparoscopy, surgical; ileostomy or jejunostomy, non-tube | \$ 1,126 |
| 44188 | Laparoscopy, surgical, colostomy or skin level cecostomy | \$ 1,254 |
| 44202 | Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis | \$ 1,426 |
| 44203 | Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure) | \$ 246 |

Surgeon CPT & DRG Codes (continued)

| | | |
|-------|--|----------|
| 44204 | Laparoscopy, surgical; colectomy, partial, with anastomosis | \$ 1,575 |
| 44205 | Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy | \$ 1,368 |
| 44206 | Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure) | \$ 1,793 |
| 44207 | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) | \$ 1,855 |
| 44208 | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy | \$ 2,021 |
| 44210 | Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy | \$ 1,807 |
| 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 | \$ 2,152 |
| 44212 | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy | \$ 2,077 |
| 44213 | Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure) | \$ 191 |
| 44227 | Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis | \$ 1,706 |
| 45395 | Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy | \$ 2,006 |
| 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 | \$ 2,172 |

INPATIENT FACILITY

| DRG | Description* | Average Length of Stay (Days) ⁴ | Nat Average Medicare Payment ⁴ |
|-----|---|--|---|
| 329 | Major Small and Large Bowel Procedures with MCC | 10.2 | \$ 31,175 |
| 330 | Major Small and Large Bowel Procedures with CC | 5.6 | \$ 16,319 |
| 331 | Major Small and Large Bowel Procedures without CC/MCC | 3.3 | \$ 10,992 |
| 619 | O.R. Procedures for Obesity with MCC | 2.8 | \$ 19,675 |
| 620 | O.R. Procedures for Obesity with CC | 1.8 | \$ 11,320 |
| 621 | O.R. Procedures for Obesity without CC/MCC | 1.4 | \$ 10,261 |

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. Medicare Inpatient Prospective Payment System Final Rule [CMS-1735-F], Federal Register (Vol. 85, Issue 182), Friday, September 18, 2020; Final: National Average DRG Payment.

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