

# 2021 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)
0D19	Bypass / Duodenum	0DBQ	Excision / Anus
0D1A	Bypass / Jejunum	0DBR	Excision / Anal Sphincter
0D1B	Bypass / Ileum	0DFP	Fragmentation / Rectum
0D1H	Bypass / Cecum	0DNR	Release / Anal Sphincter
0D1K	Bypass / Ascending Colon	0DQP	Repair / Rectum
0D1L	Bypass / Transverse Colon	0DQQ	Repair / Anus
0D1M	Bypass / Descending Colon	0DQR	Repair / Anal Sphincter
0D1N	Bypass / Sigmoid Colon	0DRR	Replacement / Anal Sphincter
0D5Q	Destruction / Anus	0DSP	Reposition / Rectum
0D5R	Destruction / Anal Sphincter	0DTE	Resection / Large Intestine
0D7Q	Dilation / Anus	0DTF	Resection / Large Intestine, Right
0D8R	Division / Anal Sphincter	0DTG	Resection / Large Intestine, Left
0DBE	Excision / Large Intestine	0DTH	Resection / Cecum
0DBF	Excision / Large Intestine, Right	0DTK	Resection / Ascending Colon
0DBG	Excision / Large Intestine, Left	0DTL	Resection / Transverse Colon
0DBH	Excision / Cecum	0DTM	Resection / Descending Colon
0DBK	Excision / Ascending Colon	0DTN	Resection / Sigmoid Colon
0DBL	Excision / Transverse Colon	0DTP	Resection / Rectum
0DBM	Excision / Descending Colon	0DUP	Supplement / Rectum
0DBN	Excision / Sigmoid Colon	0DUR	Supplement / Anal Sphincter
0DBP	Excision / Rectum	0DVP	Restriction / Rectum
		0JQC	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 (0DTE0ZZ) would be created in the steps below:

Example: STEP 1: 0DT + STEP 2: Body Part E Approach 0 Device Z Qualifier Z = STEP 3: 0DTE0ZZ

## 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.\***

\*0D1N0Z4 Bypass Sigmoid Colon to Cutaneous, Open Approach (must bill jointly with one of the following 4 procedures)

0DTP0ZZ Resection of Rectum, Open Approach

0DTP7ZZ Resection of Rectum, Via Natural or Artificial Opening

0DTP4ZZ Resection of Rectum, Percutaneous Endoscopic Approach

0DTP8ZZ 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	\$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	\$1,816
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, without proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	\$2,264
44158	Colectomy, total; abdominal, without proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	\$2,319
44160	Colectomy, partial; with removal of terminal ileum with ileocolostomy	\$1,275
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
44799	Unlisted procedure, small intestine	Carrier Priced
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	\$1,873
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
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
45123	Proctectomy, partial, without anastomosis, perineal approach	\$1,139
45399	Unlisted procedure, colon	Carrier Priced

+List separately in addition to primary procedure

## Laparoscopic Procedure

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	\$191
44238	Unlisted laparoscopy procedure, intestine (except rectum)	Carrier Priced
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
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	\$810
5311	Level 1 Lower GI Procedures (CPT code: 45399)	T	\$794
5361	Level 1 Laparoscopy and Related Services (CPT code: 44238, 45499)	J1	\$5,060

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	10.2	\$31,175
330	Major small & large bowel procedures with CC	5.6	\$16,319
331	Major small & large bowel procedures without CC/MCC	3.3	\$10,992

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.

<sup>1</sup>ICD-10 Procedural Coding System (ICD-10-PCS) is developed and maintained by the Centers for Medicare and Medicaid Services (CMS). <sup>2</sup>All Current Procedural Terminology (CPT) five digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2020 American Medical Association. <sup>3</sup>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. <sup>4</sup>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. <sup>5</sup>Medicare Medicare Inpatient Prospective Payment System Final Rule [CMS-1725-F], Federal Register (Vol. 85, Issue 182), Friday, September 18, 2020; Final: National Average DRG Payment.

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