

# 2022 Anastomosis Reimbursement Guide

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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
0D1 Bypass, Gastrointestinal System	8 Small Intestine
0DB Excision, Gastrointestinal System	9 Duodenum
0DN Release, Transverse Colon	A Jejunum
0DQ Repair, Gastrointestinal System	B Ileum
0DT Resection, Gastrointestinal System	E Large Intestine
0WB Excision, Abdominal Wall	F Large Intestine, Right
0WQ Repair, Abdominal Wall	G Large Intestine, Left
0TQB Repair, Bladder	H Cecum
0TQD Repair, Urethra	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 <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	\$ 1,258
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	\$ 246
44125	Enterectomy, resection of small intestine; with enterostomy	\$ 1,211
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)	\$ 249
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	\$ 1,355

## 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	\$ 1,382
44141	Colectomy, partial; with skin level cecostomy or colostomy	\$ 1,870
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	\$ 1,704
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	\$ 1,813
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	\$ 1,692
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	\$ 2,155
44147	Colectomy, partial; abdominal and transanal approach	\$ 1,983
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	\$ 1,905
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	\$ 2,223
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	\$ 2,120
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	\$ 2,378
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	\$ 2,258
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	\$ 2,314
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	\$ 1,277
44310	Ileostomy or jejunostomy, non-tube	\$ 1,068
44320	Colostomy or skin level cecostomy;	\$ 1,234
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	\$ 1,046
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	\$ 1,084
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	\$ 1,337
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)	\$ 1,637
45111	Proctectomy; partial resection of rectum, transabdominal approach	\$ 1,116
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	\$ 1,887
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	\$ 1,897
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	\$ 1,876
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	\$ 1,568
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	\$ 1,911
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	\$ 1,653
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	\$ 1,805
45130	Excision of rectal procidentia, with anastomosis; perineal approach	\$ 1,106
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	\$ 1,317
45800	Closure of rectovesical fistula;	\$ 1,317
45805	Closure of rectovesical fistula; with colostomy	\$ 1,522
45820	Closure of rectourethral fistula;	\$ 1,321
45825	Closure of rectourethral fistula; with colostomy	\$ 1,594

### Laparoscopic Procedure

44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	\$ 1,122
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	\$ 1,250
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	\$ 1,428
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	\$ 1,576
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	\$ 1,369
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	\$ 1,787
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	\$ 1,853
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	\$ 2,017
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	\$ 2,147
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	\$ 2,068
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	\$ 1,704
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	\$ 1,996
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	\$ 2,169

### 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	10.3	\$ 32,221
330	Major Small and Large Bowel Procedures with CC	5.7	\$ 16,811
331	Major Small and Large Bowel Procedures without CC/MCC	3.3	\$ 11,280
619	O.R. Procedures for Obesity with MCC	2.8	\$ 20,190
620	O.R. Procedures for Obesity with CC	1.8	\$ 11,624
621	O.R. Procedures for Obesity without CC/MCC	1.4	\$ 10,532

NOTE: FY 2022 is effective October 1, 2021 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 2022 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B (CMS-1751-F, Vol. 86, No. 221; November 19, 2021); Addendum B. All MPFS Fee Schedules calculated using CF of \$34.6062 effective January 2022. 4. Medicare Inpatient Prospective Payment System Final Rule [CMS-1752-F], Federal Register (Vol. 86, Issue 154), Friday, August 13, 2021; Final: National Average DRG Payment.

Ethicon Reimbursement Support Services – (888) 750-1242 or [ethiconreimbursementsupport@its.jnj.com](mailto:ethiconreimbursementsupport@its.jnj.com)