

2022 Colectomy Reimbursement Guide

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Finding the appropriate ICD-10-PCS Code¹

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	0DBN	Excision / Sigmoid Colon
0D1A	Bypass / Jejunum	0DBP	Excision / Rectum
0D1B	Bypass / Ileum	0DBQ	Excision / Anus
0D1E	Bypass/ Large Intestine	0DB8	Excision/Small Intestine
0D1H	Bypass / Cecum	0DQ	Repair/Large Intestine
0D1K	Bypass / Ascending Colon	0DTE	Resection / Large Intestine
0D1L	Bypass / Transverse Colon	0DTF	Resection / Large Intestine, Right
0D1M	Bypass / Descending Colon	0DTG	Resection / Large Intestine, Left
0D1N	Bypass / Sigmoid Colon	0DTH	Resection / Cecum
0DBE	Excision / Large Intestine	0DTK	Resection / Ascending Colon
0DBF	Excision / Large Intestine, Right	0DTL	Resection / Transverse Colon
0DBG	Excision / Large Intestine, Left	0DTM	Resection / Descending Colon
0DBH	Excision / Cecum	0DTN	Resection / Sigmoid Colon
0DBK	Excision / Ascending Colon	0DTP	Resection / Rectum
0DBL	Excision / Transverse Colon	0DTQ	Resection/ Anus
0DBM	Excision / Descending Colon		

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 ²	Procedure	Nat Average Medicare Payment ³
Traditional Open Procedure		
+44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy	\$ 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, without proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	\$2,258
44158	Colectomy, total; abdominal, without proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	\$2,314
44160	Colectomy, partial; with removal of terminal ileum with ileocolostomy	\$1,277
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
44799	Unlisted procedure, small intestine	Carrier Priced
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	\$1,864
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
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
45123	Proctectomy, partial, without anastomosis, perineal approach	\$1,141
45399	Unlisted procedure, colon	Carrier Priced

+List separately in addition to primary procedure

Laparoscopic Procedure

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 anatomosis) 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	\$ 191
44238	Unlisted laparoscopy procedure, intestine (except rectum)	Carrier Priced
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
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 ⁴
Hospital Outpatient Department			
5301	Level 1 Upper GI Procedures (CPT code: 44799)	T	\$ 826
5311	Level 1 Lower GI Procedures (CPT code: 45399)	T	\$ 810
5361	Level 1 Laparoscopy and Related Services (CPT code: 44238, 45499)	J1	\$5,168

DRG	Description*	Average Length of Stay (Days) ⁵	Nat Average DRG Payment ⁵
Inpatient Facility			
329	Major small & large bowel procedures with MCC	10.3	\$32,221
330	Major small & large bowel procedures with CC	5.7	\$16,811
331	Major small & large bowel procedures without CC/MCC	3.3	\$11,280

NOTE: FY 2022 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 2021 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. CY 2022 Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1753-F, Vol. 86, No. 218; November 16, 2021); Addendum B and Final ASC Addenda AA.. 5. 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.

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