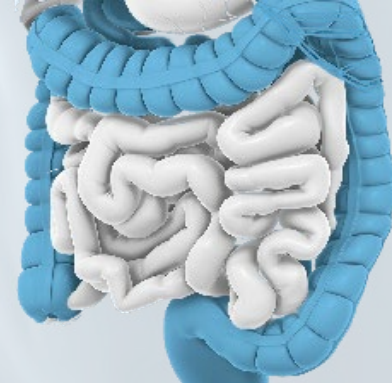


2021 BILLING AND CODING GUIDE

COLORECTAL SURGERY



2021 Medicare Physician, Hospital Outpatient, ASC Coding and Payment

Rates listed in this guide are based on their respective site of care- physician office, ambulatory surgical center, or hospital outpatient department. All rates provided are for the Medicare National Average rounded to the nearest whole number for 2021 and do not represent adjustment specific to the provider's location or facility. Commercial rates are based on individual contracts. Providers are encouraged to review contracts to verify their specific contracted allowables.

HCPCS Level II Device Codes

Medtronic products associated with colorectal procedures addressed within this guide do not have a dedicated HCPCS¹ Level II coding assignment. Providers may choose to report *A4649 Surgical supply; miscellaneous* for purposes of cost tracking. Medicare considers the use of surgical supplies to be included in the payment for the associated CPT, and no additional payment is allowed.

CPT® CODE ²	CODE DESCRIPTION	PHYSICIAN ³	AMBULATORY SURGICAL CENTER (ASC) ³	HOSPITAL OUTPATIENT ⁴
COLECTOMY				
44140	Colectomy, partial; with anastomosis	Facility Only : \$1,381	Inpatient only, not reimbursed for hospital outpatient or ASC	
44141	Colectomy, partial; with skin level cecostomy or colostomy	Facility Only : \$1,875	Inpatient only, not reimbursed for hospital outpatient or ASC	
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	Facility Only : \$1,710	Inpatient only, not reimbursed for hospital outpatient or ASC	
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	Facility Only : \$1,817	Inpatient only, not reimbursed for hospital outpatient or ASC	
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	Facility Only : \$1,692	Inpatient only, not reimbursed for hospital outpatient or ASC	
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	Facility Only : \$2,162	Inpatient only, not reimbursed for hospital outpatient or ASC	
44147	Colectomy, partial; abdominal and transanal approach	Facility Only : \$1,986	Inpatient only, not reimbursed for hospital outpatient or ASC	
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	Facility Only : \$1,912	Inpatient only, not reimbursed for hospital outpatient or ASC	
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	Facility Only : \$2,230	Inpatient only, not reimbursed for hospital outpatient or ASC	
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	Facility Only : \$2,123	Inpatient only, not reimbursed for hospital outpatient or ASC	
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	Facility Only : \$2,387	Inpatient only, not reimbursed for hospital outpatient or ASC	

CPT® CODE ²	CODE DESCRIPTION	PHYSICIAN ³	AMBULATORY SURGICAL CENTER (ASC) ³	HOSPITAL OUTPATIENT ⁴
COLECTOMY CONT'D				
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	Facility Only: \$2,264		Inpatient only, not reimbursed for hospital outpatient or ASC
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	Facility Only: \$1,275		Inpatient only, not reimbursed for hospital outpatient or ASC
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	Facility Only:\$1,575		Inpatient only, not reimbursed for hospital outpatient or ASC
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	Facility Only: \$1,368		Inpatient only, not reimbursed for hospital outpatient or ASC
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	Facility Only: \$1,793		Inpatient only, not reimbursed for hospital outpatient or ASC
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	Facility Only:\$1,855		Inpatient only, not reimbursed for hospital outpatient or ASC
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	Facility Only: \$2,021		Inpatient only, not reimbursed for hospital outpatient or ASC
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	Facility Only: \$1,807		Inpatient only, not reimbursed for hospital outpatient or ASC
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	Facility Only: \$2,152		Inpatient only, not reimbursed for hospital outpatient or ASC
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	Facility Only: \$2,077		Inpatient only, not reimbursed for hospital outpatient or ASC
+44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	Facility Only: \$191		Inpatient only, not reimbursed for hospital outpatient or ASC
COLOSTOMY				
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	Facility Only: \$1,254		Inpatient only, not reimbursed for hospital outpatient or ASC
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	Facility Only: \$1,793		Inpatient only, not reimbursed for hospital outpatient or ASC
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	Facility Only: \$2,021		Inpatient only, not reimbursed for hospital outpatient or ASC
44320	Colostomy or skin level cecostomy;	Facility Only:\$1,234		Inpatient only, not reimbursed for hospital outpatient or ASC
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	Facility Only: \$1,450		Inpatient only, not reimbursed for hospital outpatient or ASC
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	Facility Only: \$1,097		Inpatient only, not reimbursed for hospital outpatient or ASC

CPT® CODE ²	CODE DESCRIPTION	PHYSICIAN ³	AMBULATORY SURGICAL CENTER (ASC) ³	HOSPITAL OUTPATIENT ⁴
PARACOLOSTOMY HERNIA REPAIR				
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	Facility Only: \$1,216		Inpatient only, not reimbursed for hospital outpatient or ASC
RECTAL AND ANAL PROCEDURES				
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	Facility Only: \$1,873		Inpatient only, not reimbursed for hospital outpatient or ASC
45111	Proctectomy; partial resection of rectum, transabdominal approach	Facility Only: \$1,115		Inpatient only, not reimbursed for hospital outpatient or ASC
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	Facility Only: \$1,900		Inpatient only, not reimbursed for hospital outpatient or ASC
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	Facility Only: \$1,903		Inpatient only, not reimbursed for hospital outpatient or ASC
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	Facility Only: \$1,876		Inpatient only, not reimbursed for hospital outpatient or ASC
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	Facility Only: \$1,569		Inpatient only, not reimbursed for hospital outpatient or ASC
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	Facility Only: \$1,917		Inpatient only, not reimbursed for hospital outpatient or ASC
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	Facility Only: \$1,651		Inpatient only, not reimbursed for hospital outpatient or ASC
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	Facility Only: \$1,803		Inpatient only, not reimbursed for hospital outpatient or ASC
45123	Proctectomy, partial, without anastomosis, perineal approach	Facility Only: \$1,139		Inpatient only, not reimbursed for hospital outpatient or ASC
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/ or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	Facility Only: \$2,802		Inpatient only, not reimbursed for hospital outpatient or ASC
45130	Excision of rectal procidentia, with anastomosis; perineal approach	Facility Only: \$1,105		Inpatient only, not reimbursed for hospital outpatient or ASC
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	Facility Only: \$1,316		Inpatient only, not reimbursed for hospital outpatient or ASC
45136	Excision of ileoanal reservoir with ileostomy	Facility Only: \$1,823		Inpatient only, not reimbursed for hospital outpatient or ASC

CPT® CODE ²	CODE DESCRIPTION	PHYSICIAN ³	AMBULATORY SURGICAL CENTER (ASC) ³	HOSPITAL OUTPATIENT ⁴
RECTAL AND ANAL PROCEDURES CONT'D				
45150	Division of stricture of rectum	Facility Only: \$437	\$524	\$1,037
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	Facility Only: \$1,060	\$1,147	\$2,443
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	Facility Only: \$640	\$1,147	\$2,443
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	Facility Only: \$850	\$1,147	\$2,443
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	Facility Only: \$727	\$1,147	\$2,443
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	Facility Only: \$2,006	Inpatient only, not reimbursed for hospital outpatient or ASC	
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	Facility Only: \$2,172	Inpatient only, not reimbursed for hospital outpatient or ASC	
45400	Laparoscopy, surgical; proctopexy (for prolapse)	Facility Only: \$1,155	Inpatient only, not reimbursed for hospital outpatient or ASC	
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	Facility Only: \$1,543	Inpatient only, not reimbursed for hospital outpatient or ASC	
45540	Proctopexy (eg, for prolapse); abdominal approach	Facility Only: \$1,079	Inpatient only, not reimbursed for hospital outpatient or ASC	
45541	Proctopexy (eg, for prolapse); perineal approach	Facility Only: \$972	\$1,147	\$2,443
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	Facility Only: \$1,499	Inpatient only, not reimbursed for hospital outpatient or ASC	
45562	Exploration, repair, and presacral drainage for rectal injury	Facility Only: \$1,163	Inpatient only, not reimbursed for hospital outpatient or ASC	
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	Facility Only: \$1,718	Inpatient only, not reimbursed for hospital outpatient or ASC	
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	Facility Only: \$107	\$1,147	\$2,443
46700	Anoplasty, plastic operation for stricture; adult	Facility Only: \$676	\$1,147	\$2,443
46705	Anoplasty, plastic operation for stricture; infant	Facility Only: \$592	Inpatient only, not reimbursed for hospital outpatient or ASC	

CPT® CODE ²	CODE DESCRIPTION	PHYSICIAN ³	AMBULATORY SURGICAL CENTER (ASC) ³	HOSPITAL OUTPATIENT ⁴
RECTAL AND ANAL PROCEDURES CONT'D				
46706	Repair of anal fistula with fibrin glue	Facility Only: \$184	\$1,147	\$2,443
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	Facility Only: \$1,153	Inpatient only, not reimbursed for hospital outpatient or ASC	
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	Facility Only: \$2,304	Inpatient only, not reimbursed for hospital outpatient or ASC	
HEMORRHOID PROCEDURES				
46083	Incision of thrombosed hemorrhoid, external	Facility: \$112	\$134	\$266
		Non-Facility: \$217		
46220	Excision of single external papilla or tag, anus	Facility: \$124	\$524	\$1,037
		Non-Facility: \$258		
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	Facility: \$200	\$206	\$794
		Non-Facility: \$300		
46230	Excision of multiple external papillae or tags, anus	Facility: \$177	\$1,147	\$2,443
		Non-Facility: \$322		
46250	Hemorrhoidectomy, external, 2 or more columns/groups	Facility: \$330	\$1,147	\$2,443
		Non-Facility: \$505		
46255	Hemorrhoidectomy, internal and external, single column/group;	Facility: \$369	\$1,147	\$2,443
		Non-Facility: \$550		
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	Facility Only: \$442	\$1,147	\$2,443
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	Facility Only: \$495	\$1,147	\$2,443
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups	Facility Only: \$498	\$1,147	\$2,443
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	Facility Only: \$541	\$1,147	\$2,443
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	Facility Only: \$578	\$1,147	\$2,443
46320	Excision of thrombosed hemorrhoid, external	Facility: \$116	\$153	\$1,037
		Non-Facility: \$220		

CPT® CODE ²	CODE DESCRIPTION	PHYSICIAN ³	AMBULATORY SURGICAL CENTER ³	HOSPITAL OUTPATIENT ⁴
HEMORRHOID PROCEDURES CONT'D				
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	Facility: \$157	\$165	\$1,037
		Non-Facility: \$229		
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group	Facility Only: \$351	\$1,147	\$2,443
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	Facility Only: \$395	\$1,147	\$2,443
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Facility Only: \$462	\$1,147	\$2,443
ROBOTIC ASSISTANCE				
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	HCPCS II S-codes cannot be reported to Medicare. They are used only by non-Medicare payers, which cover and price them according to their own requirements.		

References:

¹Centers for Medicare & Medicaid Services. Alpha-numeric HCPCS. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

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³Centers for Medicare & Medicaid Services. Medicare Program; CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Quality Payment Program; Coverage of Opioid Use Disorder Services Furnished by Opioid Treatment Programs; Medicare Enrollment of Opioid Treatment Programs; Electronic Prescribing for Controlled Substances for a Covered Part D Drug; Payment for Office/Outpatient Evaluation and Management Services; Hospital IQR Program; Establish New Code Categories; Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy; Coding and Payment for Virtual Check-in Services Interim Final Rule Policy; Coding and Payment for Personal Protective Equipment (PPE) Interim Final Rule Policy; Regulatory Revisions in Response to the Public Health Emergency (PHE) for COVID-19; and Finalization of Certain Provisions from the March 31st, May 8th and September 2nd Interim Final Rules in Response to the PHE for COVID-19; Final Rule, Federal Register (85 Fed. Reg. No. 248 84472- 85377) 42 CFR Parts 400, 410, 414, 415, 423, 424, and 425. <https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf>

⁴Centers for Medicare & Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; New Categories for Hospital Outpatient Department Prior Authorization Process; Clinical Laboratory Fee Schedule: Laboratory Date of Service Policy; Overall Hospital Quality Star Rating Methodology; Physician-owned Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity To Apply for Available Slots, Radiation Oncology Model; and Reporting Requirements for Hospitals and Critical Access Hospitals (CAHs) to Report COVID-19 Therapeutic Inventory and Usage and to Report Acute Respiratory Illness During the Public Health Emergency (PHE) for Coronavirus Disease 2019 (COVID-19); Final Rule, Federal Register 42 CFR Parts 410, 411, 412, 414, 419, 482, 485 and 512. Addendum B, AA, BB. <https://www.federalregister.gov/public-inspection/2020-26819/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>

HOSPITAL INPATIENT PROCEDURE CODING

ICD-10-PCS procedure codes¹ are used by hospitals to report surgeries and procedures performed in the inpatient setting.

ICD-10-PCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
PARTIAL EXCISION OF COLON	
0DBE0ZZ	Excision of large intestine, open approach
0DBF0ZZ	Excision of right large intestine, open approach
0DBG0ZZ	Excision of left large intestine, open approach
0DBH0ZZ	Excision of cecum, open approach
0DBK0ZZ	Excision of ascending colon, open approach
0DBL0ZZ	Excision of transverse colon, open approach
0DBM0ZZ	Excision of descending colon, open approach
0DBN0ZZ	Excision of sigmoid colon, open approach
0DBE4ZZ	Excision of large intestine, percutaneous endoscopic approach
0DBF4ZZ	Excision of right large intestine, percutaneous endoscopic approach
0DBG4ZZ	Excision of left large intestine, percutaneous endoscopic approach
0DBH4ZZ	Excision of cecum, percutaneous endoscopic approach
0DBK4ZZ	Excision of ascending colon, percutaneous endoscopic approach
0DBL4ZZ	Excision of transverse colon, percutaneous endoscopic approach
0DBM4ZZ	Excision of descending colon, percutaneous endoscopic approach
0DBN4ZZ	Excision of sigmoid colon, percutaneous endoscopic approach
TOTAL EXCISION OF COLON	
0DTE0ZZ	Resection of large intestine, open approach
0DTF0ZZ	Resection of right large intestine, open approach
0DTG0ZZ	Resection of left large intestine, open approach
0DTH0ZZ	Resection of cecum, open approach
0DTK0ZZ	Resection of ascending colon, open approach
0DTL0ZZ	Resection of transverse colon, open approach
0DTM0ZZ	Resection of descending colon, open approach
0DTN0ZZ	Resection of sigmoid colon, open approach
0DTE4ZZ	Resection of large intestine, percutaneous endoscopic approach
0DTF4ZZ	Resection of right large intestine, percutaneous endoscopic approach
0DTG4ZZ	Resection of left large intestine, percutaneous endoscopic approach
0DTH4ZZ	Resection of cecum, percutaneous endoscopic approach
0DTK4ZZ	Resection of ascending colon, percutaneous endoscopic approach
0DTL4ZZ	Resection of transverse colon, percutaneous endoscopic approach
0DTM4ZZ	Resection of descending colon, percutaneous endoscopic approach
0DTN4ZZ	Resection of sigmoid colon, percutaneous endoscopic approach
COLOSTOMY AND ILEOSTOMY	
Character 3 is the root operation. For creation of an ostomy, the root operation is 1-Bypass, because 1-Bypass is defined as altering the route of a tubular body part. ²	
Character 7 is the qualifier, which adds further information to the code. The codes for colostomy and ileostomy use Qualifier 4-Cutaneous to show that colon or ileum is being exteriorized by being re-routed to an opening in the skin.	

ICD-10-PCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
COLOSTOMY	
0D1K0Z4	Bypass ascending colon to cutaneous, open approach
0D1L0Z4	Bypass transverse colon to cutaneous, open approach
0D1M0Z4	Bypass descending colon to cutaneous, open approach
0D1N0Z4	Bypass sigmoid colon to cutaneous, open approach
0D1K4Z4	Bypass ascending colon to cutaneous, percutaneous endoscopic approach
0D1L4Z4	Bypass transverse colon to cutaneous, percutaneous endoscopic approach
0D1M4Z4	Bypass descending colon to cutaneous, percutaneous endoscopic approach
0D1N4Z4	Bypass sigmoid colon to cutaneous, percutaneous endoscopic approach
ILEOSTOMY	
0D1B0Z4	Bypass ileum to cutaneous, open approach
0D1B4Z4	Bypass ileum to cutaneous, percutaneous endoscopic approach
PARACOLOSTOMY HERNIA REPAIR	
0WQFXZ2	Repair abdominal wall, stoma, external approach
RECTAL PROCEDURES	
Creation of colostomy or ileostomy is coded separately.	
PARTIAL EXCISION OF RECTUM	
0DBP0ZZ	Excision of rectum, open approach
0DBP4ZZ	Excision of rectum, percutaneous endoscopic approach
TOTAL EXCISION OF RECTUM	
0DTP0ZZ	Resection of rectum, open approach
0DTP4ZZ	Resection of rectum, percutaneous endoscopic approach
HEMORRHOID PROCEDURES	
For hemorrhoids, the root operation depends on the technique: 5-Destruction is used for fulguration and cautery, B-Excision is used for removal of the hemorrhoidal tissue, and L-Occlusion is used for ligation and banding.	
065Y0ZC	Destruction of hemorrhoidal plexus, open approach
06BY0ZC	Excision of hemorrhoidal plexus, open approach
06LY0CC	Occlusion of hemorrhoidal plexus with extraluminal device, open approach
06LY0DC	Occlusion of hemorrhoidal plexus with intraluminal device, open approach
06LY0ZC	Occlusion of hemorrhoidal plexus, open approach
ROBOTIC ASSISTANCE	
8E0W0CZ	Robotic assisted procedure of trunk region, open approach
8E0W4CZ	Robotic assisted procedure of trunk region, percutaneous endoscopic approach

References:

¹ ICD-10-CM: Department of Health and Human Services, Centers for Medicare & Medicaid Services. International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). <http://www.cms.hhs.gov/Medicare/Coding/ICD10/2018-ICD-10-PCS-and-GEMs.html>

² ICD-10-PCS: Department of Health and Human Services, Centers for Medicare & Medicaid Services. International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). <https://www.cms.gov/medicare/icd-10/2021-icd-10-pcs>

HOSPITAL INPATIENT DRGS FOR COLORECTAL SURGERY

Under Medicare's MS-DRG methodology for hospital inpatient payment, each inpatient stay is assigned to one of about 750 diagnosis-related groups, based on the ICD-10 codes assigned to the diagnoses and procedures. Each MS-DRG has a relative weight that is then converted to a flat payment amount. Surgical supplies and implanted devices are typically included in the flat payment and are not paid separately. Only one MS-DRG is assigned for each inpatient stay, regardless of the number of procedures performed. MS- DRGs shown are those typically assigned to the following scenarios when the patient is admitted specifically for the procedure.

MS-DRG ¹	MS-DRG TITLE ¹	MEDICARE NATIONAL AVERAGE ¹
COLECTOMY, COLOSTOMY, AND ILEOSTOMY		
329	Major Small and Large Bowel Procedures W MCC	\$30,921
330	Major Small and Large Bowel Procedures W CC	\$16,186
331	Major Small and Large Bowel Procedures W/O CC/MCC	\$10,902
PARACOLOSTOMY HERNIA REPAIR		
347	Anal and Stomal Procedures W MCC	\$15,693
348	Anal and Stomal Procedures W CC	\$8,558
349	Anal and Stomal Procedures W/O CC/MCC	\$6,243
RECTAL PROCEDURES		
332	Rectal Resection W MCC	\$26,519
333	Rectal Resection W CC	\$13,649
334	Rectal Resection W/O CC/MCC	\$10,259
HEMORRHOID PROCEDURES		
347	Anal and Stomal Procedures W MCC	\$15,693
348	Anal and Stomal Procedures W CC	\$8,558
349	Anal and Stomal Procedures W/O CC/MCC	\$6,243

Reference:

¹Centers for Medicare & Medicaid Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-term Care Hospital Prospective Payment System and Final Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals; Final Rule, Federal Register (85 Fed Reg. No. 182 58432 – 59107) 42 CFR Parts 405, 412, 413, 417, 476, 480, 484, and 495. <https://www.federalregister.gov/documents/2020/09/18/2020-19637/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>

For more information, contact the Medtronic MITG Reimbursement Hotline: 877-278-7482 or via email at: Rs.MedtronicMITGReimbursement@medtronic.com

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