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2015 Colorectal Surgery Medicare Reimbursement Coding Guide

Effective January 1, 2015

MEDICARE NATIONAL AVERAGE RATES AND ALLOWABLES

(NOT ADJUSTED FOR GEOGRAPHY)

		Physician	HOSPITAL OUPATIENT			AMBULATORY SURGICAL CENTER
CPT™* HCPCS Code	Procedure Description	*MPFS (CF=$35.7547) Fac/Non-Fac	APC Classification	APC Descriptor	**APC Rate	***ASC
	COLECTOMY					
44140	Colectomy, partial; with anastomosis	$1,388.36	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44141	Colectomy, partial; with skin level cecostomy or colostomy	$1,888.92	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	$1,723.02	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	$1,832.43	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	$1,716.23	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	$2,197.84	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44147	Colectomy, partial; abdominal and transanal approach	$2,013.35	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	$1,936.83	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	$2,228.59	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	$2,153.51	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	$2,397.35	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	$2,260.77	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	$2,191.05	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	$1,284.67	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	$1,592.51	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			

		Physician	HOSPITAL OUPATIENT			AMBULATORY SURGICAL CENTER
CPT™* HCPCS Code	Procedure Description	*MPFS (CF=$35.7547) Fac/Non-Fac	APC Classification	APC Descriptor	**APC Rate	***ASC
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	$1,385.49	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	$1,815.98	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	$1,887.13	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	$2,061.62	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	$1,844.58	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
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	$2,252.19	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	$2,124.54	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
	COLOSTOMY					
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	$1,267.50	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	$1,815.98	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	$2,061.62	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perianal colostomy, including intestine anastomosis	$1,444.85	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
57307	Closure of rectovaginal fistula; abdominal approach, with cocomitant colostomy	$1,106.97	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
	EXTERIORIZATION OF INTESTINE					
44125	Enterectomy resection of small intestine; with enteroscopy	$1,221.38	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	$1,357.96	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	$1,728.38	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
	HEMORRHOID					
46083	Incision of thrombosed hemorrhoid, external	$109.41 / $179.49	0164	Level II Urinary and Anal Procedures	$213.78	$117.14
46220	Excision of single external papilla or tag, anus	$122.64 / $210.95	0155	Level II Anal/ Rectal Procedures	$1,455.16	$797.36
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	$197.72 / $276.38	0148	Level I Anal/Rectal Procedures	$442.51	$178.77
46230	Excision of multiple external papillae or tags, anus	$178.42 / $279.24	0155	Level II Anal/ Rectal Procedures	$1,455.16	$797.36
46250	Hemorrhoidectomy, external, 2 or more columns/groups	$323.94 / $474.46	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82
46255	Hemorrhoidectomy, internal and external, single column/ group;	$364.34 / $519.87	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82
46257	Hemorrhoidectomy, internal and external, single column/ group; with fissurectomy	$433.35	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82
46258	Hemorrhoidectomy, internal and external, single column/ group; with fistulectomy, including fissurectomy, when performed	$480.19	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82

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46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	$490.20	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	$536.68	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	$570.65	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	$152.67 / $211.31	0148	Level I Anal/Rectal Procedures	$442.51	$145.52
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group	$232.05 / $316.07	0149	Level III Anal/ Rectal Procedures	$1,941.43	$222.39
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	$233.12 / $322.86	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82
46999	Unlisted procedure, anus	Carrier priced	0148	Level I Anal/Rectal Procedures	$442.51	Not reimbursed in ASC by Medicare
	HERNIA REPAIR					
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	$1,223.53	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
	ILEOSTOMY					
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	$674.69	0131	Level II Laparoscopy	$3,779.40	Not reimbursed in ASC by Medicare
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	$1,146.30	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45136	Excision of ileoanal reservoir with ileostomy	$1,865.32	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
	INTESTINAL ANASTOMOSIS					
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	$1,694.77	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	$1,771.65	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	$2,557.18	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	$2,957.27	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
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)	$253.50	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	$1,357.96	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
	RECTAL					
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	$1,913.23	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45111	Proctectomy; partial resection of rectum, transabdominal approach	$1,125.20	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	$1,948.63	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			

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CPT™* HCPCS Code	Procedure Description	*MPFS (CF=$35.7547) Fac/Non-Fac	APC Classification	APC Descriptor	**APC Rate	***ASC
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	$1,953.99	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	$1,883.92	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	$1,603.24	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	$2,019.78	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	$1,647.93	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	$1,702.64	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45123	Proctectomy, partial, without anastomosis, perineal approach	$1,160.24	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
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	$2,808.89	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45130	Excision of rectal procidentia, with anastomosis; perineal approach	$1,125.92	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	$1,425.90	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45136	Excision of ileoanal reservoir with ileostomy	$1,865.32	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45150	Division of stricture of rectum	$369.70	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	$1,058.70	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	$619.99	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	$836.66	0150	Level IV Anal/ Rectal Procedures	$2,601.06	$1,425.27
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	$716.52	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	$2,050.53	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
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	$2,232.88	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45400	Laparoscopy, surgical; proctopexy (for prolapse)	$1,178.12	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	$1,573.92	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45499	Laparoscopy, unlisted procedure, rectum	Carrier priced	0130	Level I Laparoscopy	$3,016.93	Not reimbursed in ASC by Medicare
45562	Exploration, repair, and presacral drainage for rectal injury;	$1,184.20	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	$1,706.93	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			

		Physician	HOSPITAL OUPATIENT			AMBULATORY SURGICAL CENTER
CPT™* HCPCS Code	Procedure Description	*MPFS (CF=$35.7547) Fac/Non-Fac	APC Classification	APC Descriptor	**APC Rate	***ASC
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	$111.55	0155	Level II Anal/ Rectal Procedures	$1,455.16	$797.36
45999	Unlisted procedure, rectum	Carrier priced	0148	Level I Anal/Rectal Procedures	$442.51	Not reimbursed in ASC by Medicare
46700	Anoplasty, plastic operation for stricture; adult	$674.33	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82
46705	Anoplasty, plastic operation for stricture; infant	$497.35	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
46706	Repair of anal fistula with fibrin glue	$181.28	0149	Level III Anal/ Rectal Procedures	$1,941.43	$1,063.82
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	$1,080.86	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	$2,067.34	Inpatient Procedures, not reimbursed in outpatient or ASC by Medicare			
	ROBOTIC ASSISTANCE					
S2900‡	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	Not Valid for Medicare	Not Valid for Medicare			

NOTES:

- ‡S-Codes are not valid for Medicare payment
- Multiple Procedure Discounting – Multiple surgical procedures furnished during the same operative session are discounted. 50% is paid for any other surgical procedure(s) performed at the same time.
- MPFS Facility allowables and ASC rates include patient cost-sharing (coinsurance and deductibles). HOPPS rates include patient cost-sharing (co-payments and deductibles). These amounts are national averages and are not adjusted for geography.
- The above 2015 MPFS payment rates reflect policies finalized in the CY 2015 Medicare Physician Fee Schedule Final Rule, CMS-1612-FC that was placed on display at the Federal Register on October 31st, 2014. These rates reflect a zero percent update effective January 1st, 2015 through March 31st, 2015, as provided for by the Protecting Access to Medicare Act of 2014. The CF published in the January update is $35.7547. Current law requires physician fee schedule rates to be reduced by an average of 21.2 percent from the CY 2014 rates because of the existing SGR factor used to calculate the conversion factor. In most prior years, Congress has taken action to avert a large reduction in MPFS rates before they went into effect. Without further congressional action, this updated CF is due to expire on March 31st, 2015.
- The above National Average APC and ASC Rates represent the reimbursement amounts paid directly to the facility for the technical portion of the procedure. The Physician (surgeon) would separately receive the professional fee (MPFS Allowable) for the procedure performed.
- Rates referenced in this guide do not reflect Sequestration, automatic reductions in federal spending that result in a 2% across-the-board reduction to all Medicare rates.

REFERENCES:

*PFS Relative Value Files, RVU15B (2-13-15), effective April 1, 2015
** CMS-1613-CN (2-24-15) HOPPS Addendum A and B, effective January 1, 2015
***CMS-1613-CN (2-24-15) ASC Addendum AA, BB, DD1, DD2, and EE, effective January 1, 2015
‡ CMS 2015 Alpha-Numeric HCPCS File Updated – 11/12/2014

ICD-9-CM VOLUME 3 HOSPITAL PROCEDURE CODES

Procedure Code*	Description
	COLECTOMY
17.31	Laparoscopic multiple segmental resection of large intestine
17.32	Laparoscopic cecectomy
17.33	Laparoscopic right hemicolectomy
17.34	Laparoscopic resection of transverse colon
17.35	Laparoscopic left hemicolectomy
17.36	Laparoscopic sigmoidectomy
17.39	Other laparoscopic partial excision of large intestine
45.61	Multiple segmental resection of small intestine
45.62	Other partial resection of small intestine
45.63	Total removal of small intestine
45.71	Open and other multiple segmental resection of large intestine
45.72	Open and other cecectomy
45.73	Open and other right hemicolectomy
45.74	Open and other resection of transverse colon
45.75	Open and other left hemicolectomy

Procedure Code*	Description
45.76	Open and other sigmoidectomy
45.79	Other and unspecified partial excision of large intestine
45.81	Laparoscopic total intra-abdominal colectomy
45.82	Open total intra-abdominal colectomy
45.83	Other and unspecified total intra-abdominal colectomy
48.61	Transsacral rectosigmoidectomy
48.69	Other resection of rectum
	COLOSTOMY
46.10	Colostomy, not otherwise specified
46.11	Temporary colostomy
46.13	Permanent colostomy
	EXTERIORIZATION OF INTESTINE
46.01	Exteriorization of small intestine
46.02	Resection of exteriorized segment of small intestine
46.03	Exteriorization of large intestine
46.04	Resection of exteriorized segment of large intestine
	HERNIA REPAIR
46.42	Pericolostomy hernia repair
	HEMORRHOID
49.41	Reduction of hemorrhoids
49.43	Cauterization of hemorrhoids
49.45	Ligation of hemorrhoids
49.46	Excision of hemorrhoids
49.49	Other procedures on hemorrhoids
	ILEOSTOMY
46.20	Ileostomy, not otherwise specified
46.21	Temporary ileostomy
46.22	Continent ileostomy
46.23	Other permanent ileostomy
	INTERNAL ANASTOMOSIS
45.90	Intestinal anastomosis, not otherwise specified
45.91	Small to small intestinal anastomosis
45.92	Anastomosis of small intestine to rectal stump
45.93	Other small to large intestinal anastomosis
45.94	Large to large intestinal anastomosis
45.95	Anastomosis to anus
	RECTAL
48.42	Laproscopic pull-through resection of rectum
48.43	Open pull-through resection of rectum
48.49	Other pull-through resection of rectum
48.50	Abdominoperineal resection of the rectum, not otherwise specified
48.51	Laparoscopic abdominoperineal resection of the rectum
48.52	Open abdominoperineal resection of the rectum
48.59	Other abdominoperineal resection of the rectum
48.61	Transsacral rectosigmoidectomy
48.62	Anterior resection of rectum with synchronous colostomy
48.63	Other anterior resection of rectum
48.64	Posterior resection of rectum

Procedure Code*	Description
48.69	Other resection of rectum
48.99	Other operations on rectum and perirectal tissue
	ROBOTIC ASSISTANCE
17.41	Open robotic assisted procedure
17.42	Laparoscopic robotic assisted procedure
17.43	Percutaneous robotic assisted procedure
17.44	Endoscopic robotic assisted procedure
17.45	Thoracoscopic robotic assisted procedure
17.49	Other and unspecified robotic assisted procedure

NOTES:
The ICD-9-CM Hospital Procedure Codes listed above may be used in the MS-DRG Classifications (See Inpatient DRG Payment Rates Table)
The appropriate MS-DRG classification is also dependent on the diagnosis code, demographics, sex and possible co-conditions.

REFERENCES:
*2015 Hospital ICD-9-CM Volume 3, 9th Revision, Clinical Modification, Sixth Edition

INPATIENT DRG PAYMENT RATES

MS-DRG*	MS-DRG Title	Arithmetic Mean Length of Stay (Days)	National Average Payment**
	COLECTOMY		
329	Major Small and Large Bowel Procedures w MCC	14.4	$29,819.83
330	Major Small and Large Bowel Procedures w CC	8.4	$14,970.41
331	Major Small and Large Bowel Procedures w/o CC/MCC	4.8	$9,737.14
	COLOSTOMY		
329	Major Small and Large Bowel Procedures w MCC	14.4	$29,819.83
330	Major Small and Large Bowel Procedures w CC	8.4	$14,970.41
331	Major Small and Large Bowel Procedures w/o CC/MCC	4.8	$9,737.14
	EXTERIORIZATION OF INTESTINE		
329	Major Small and Large Bowel Procedures w MCC	14.4	$29,819.83
330	Major Small and Large Bowel Procedures w CC	8.4	$14,970.41
331	Major Small and Large Bowel Procedures w/o CC/MCC	4.8	$9,737.14
	HEMORRHOID		
347	Anal and Stomal Procedures w MCC	8.7	$15,402.06
348	Anal and Stomal Procedures w CC	5.1	$8,119.17
349	Anal and Stomal Procedures w/o CC/MCC	3.0	$5,331.35
	HERNIA REPAIR		
329	Major Small and Large Bowel Procedures w MCC	14.4	$29,819.83
330	Major Small and Large Bowel Procedures w CC	8.4	$14,970.41
331	Major Small and Large Bowel Procedures w/o CC/MCC	4.8	$9,737.14
	ILEOSTOMY		
329	Major Small and Large Bowel Procedures w MCC	14.4	$29,819.83
330	Major Small and Large Bowel Procedures w CC	8.4	$14,970.41
331	Major Small and Large Bowel Procedures w/o CC/MCC	4.8	$9,737.14
	INTERNAL ANASTOMOSIS		
329	Major Small and Large Bowel Procedures w MCC	14.4	$29,819.83
330	Major Small and Large Bowel Procedures w CC	8.4	$14,970.41
331	Major Small and Large Bowel Procedures w/o CC/MCC	4.8	$9,737.14

MS-DRG*	MS-DRG Title	Arithmetic Mean Length of Stay (Days)	National Average Payment**
	RECTAL		
332	Rectal Resection w MCC	12.8	$27,630.44
333	Rectal Resection w CC	7.3	$14,522.31
334	Rectal Resection w/o CC/MCC	4.2	$9,415.31

NOTES:

*One DRG per patient is assigned to each inpatient stay.

REFERENCES:

** FY 2015 Final Rule, Federal Register, Vol. 79, No. 163, Friday, August 22, 2014 and Correction Notice, Federal Register, Vol. 79, No. 192, Friday, October 3, 2014, Table 1A-1E and Table 5. National Average Payment Rate is based upon the National Average Operating Standardized Amount ($5,437.85) plus the Capital Standard Federal Payment Rate ($434.97).

Disclaimer:

The information contained in this guide is provided to help you understand the reimbursement process. It is not intended to increase or maximize reimbursement by any payer. We strongly recommend that providers consult their payer organization with regard to local reimbursement policies. The information contained in this guide is provided for information purposes only and represents no statement, promise or guarantee by Covidien concerning levels of reimbursement, payment or charge.

Similarly, all CPT HCPCS and ICD-9-CM codes are supplied for information purposes only and represent no statement, promise or guarantee by Covidien that these codes will be appropriate or that reimbursement will be made. ICD-9-CM is based on the official version of the World Health Organization's Ninth Revision, International Classification of Diseases. CPT codes and descriptions only are copyright 2013 American Medical Association. All rights reserved.

CPT does not include fee schedules, relative values or related listings. The source for this information is the Centers for Medicare and Medicaid Services (CMS). Reimbursement rates reflected in this guide are Medicare National Average rates as published by CMS at the time of printing, and do not reflect provider payment adjustment factors such geographic adjustment, participation as a Disproportionate Share or Teaching Hospital, participation in the CMS Shared Service (ACO) program, or Value Base Purchasing adjustments. The content provided by CMS is updated frequently. It is the responsibility of the health services provider to confirm the appropriate coding required by their local Medicare Administrative Contractors (MACs), carriers, fiscal intermediaries and commercial payers.

Code associations and values have been reviewed and validated by NMD Healthcare, Inc.

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