

# 2024 Billing and Coding Guide

## Colorectal surgery

This guide is intended to aid providers in appropriate procedure coding for colorectal surgery. The document reflects applicable and commonly billed procedure codes as well as the unadjusted national Medicare average rates assigned to the code. This document is not all-inclusive, nor does it replace advice from your coding and compliance departments and/or CPT<sup>®1</sup> coding manuals.

### HCPCS<sup>2</sup> II Codes

Level II HCPCS<sup>2</sup> codes are primarily used to report supplies, drugs and implants that are not reported by a CPT<sup>®1</sup> code. HCPCS codes are reported by the physician, hospital or DME provider that purchased the item, device, or supply. Different payers have different payment methods for these items.

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 policies and provider contracts.

Medicare provides C-codes, a type of HCPCS II code, for hospital use in billing Medicare for some medical devices and supplies in the hospital outpatient setting. Medtronic has a tool specifically designed to access applicable commonly used C-codes as it relates to Medtronic products. The C-code finder can be accessed at [www.medtronic.com/c-code](http://www.medtronic.com/c-code) or by clicking the C-code finder button.



HCPCS <sup>2</sup> Code	Description
A4649	Surgical supply; miscellaneous
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)

# Procedure reimbursement

CPT® <sup>1</sup> code	Description	Physician <sup>3</sup>				Hospital outpatient <sup>4</sup>			Ambulatory surgery <sup>4</sup>	
		Global days	Work RVU	Office rate	Facility rate	APC	SI	Rate	PI	Rate
Colectomy										
44140	Colectomy, partial; with anastomosis	090	22.59	NA	\$1,316					Inpatient only
44141	Colectomy, partial; with skin level cecostomy or colostomy	090	29.91	NA	\$1,724					Inpatient only
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	090	27.79	NA	\$1,616					Inpatient only
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	090	29.91	NA	\$1,774					Inpatient only
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	090	28.58	NA	\$1,612					Inpatient only
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	090	35.30	NA	\$2,049					Inpatient only
44147	Colectomy, partial; abdominal and transanal approach	090	33.69	NA	\$1,887					Inpatient only
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	090	30.18	NA	\$1,810					Inpatient only
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	090	34.42	NA	\$2,017					Inpatient only
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	090	20.89	NA	\$1,217					Inpatient only
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	090	26.42	NA	\$1,500					Inpatient only
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	090	22.95	NA	\$1,302					Inpatient only
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	090	29.79	NA	\$1,699					Inpatient only
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	090	31.92	NA	\$1,763					Inpatient only

 Please refer to page 6 for footnotes

# Procedure reimbursement

CPT® <sup>1</sup> code	Description	Physician <sup>3</sup>				Hospital outpatient <sup>4</sup>			Ambulatory surgery <sup>4</sup>	
		Global days	Work RVU	Office rate	Facility rate	APC	SI	Rate	PI	Rate
<b>Colectomy, continued</b>										
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	090	33.99	NA	\$1,919					Inpatient only
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	090	30.09	NA	\$1,724					Inpatient only
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	090	34.58	NA	\$1,969					Inpatient only
+44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	ZZZ	3.50	NA	\$180					Inpatient only
<b>Colostomy</b>										
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	090	19.35	NA	\$1,188					Inpatient only
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	090	29.79	NA	\$1,699					Inpatient only
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	090	33.99	NA	\$1,919					Inpatient only
44320	Colostomy or skin level cecostomy	090	19.91	NA	\$1,177					Inpatient only
50810	Uretersigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	090	22.61	NA	\$1,384					Inpatient only
<b>Paracolostomy hernia repair</b>										
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	090	19.63	NA	\$1,159					Inpatient only
<b>Rectal and anal procedures</b>										
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	090	30.76	NA	\$1,771					Inpatient only
45111	Proctectomy; partial resection of rectum, transabdominal approach	090	18.01	NA	\$1,066					Inpatient only

 Please refer to page 6 for footnotes

# Procedure reimbursement

CPT® <sup>1</sup> code	Description	Physician <sup>3</sup>				Hospital outpatient <sup>4</sup>			Ambulatory surgery <sup>4</sup>	
		Global days	Work RVU	Office rate	Facility rate	APC	SI	Rate	PI	Rate
Rectal and anal procedures, continued										
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	090	27.72	NA	\$1,503				Inpatient only	
45123	Proctectomy, partial, without anastomosis, perineal approach	090	18.86	NA	\$1,088				Inpatient only	
45130	Excision of rectal procidentia, with anastomosis; perineal approach	090	18.50	NA	\$1,060				Inpatient only	
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	090	8.13	NA	\$609	5313	J1	\$2,675 <sup>†</sup>	G2	\$1,349
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	090	12.13	NA	\$810	5313	J1	\$2,675 <sup>†</sup>	G2	\$1,349
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	090	10.42	NA	\$687	5313	J1	\$2,675 <sup>†</sup>	A2	\$1,349
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	090	33.00	NA	\$1,906				Inpatient only	
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	090	36.50	NA	\$2,062				Inpatient only	
45400	Laparoscopy, surgical; proctopexy (for prolapse)	090	19.44	NA	\$1,106				Inpatient only	
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	090	26.51	NA	\$1,478				Inpatient only	
45540	Proctopexy (eg, for prolapse); abdominal approach	090	18.12	NA	\$1,026				Inpatient only	
45541	Proctopexy (eg, for prolapse); perineal approach	090	14.85	NA	\$920	5313	J1	\$2,675 <sup>†</sup>	G2	\$1,349
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	090	24.80	NA	\$1,417				Inpatient only	
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	000	1.80	\$103	\$103	5313	J1	\$2,675 <sup>†</sup>	A2	\$1,349

 Please refer to page 6 for footnotes

# Procedure reimbursement

CPT® <sup>1</sup> code	Description	Physician <sup>3</sup>				Hospital outpatient <sup>4</sup>			Ambulatory surgery <sup>4</sup>	
		Global days	Work RVU	Office rate	Facility rate	APC	SI	Rate	PI	Rate
Rectal and anal procedures, continued										
46700	Anoplasty, plastic operation for stricture; adult	090	9.81	NA	\$644	5313	J1	\$2,675 <sup>†</sup>	A2	\$1,349
46705	Anoplasty, plastic operation for stricture; infant	090	7.43	NA	\$566	Inpatient only				
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	090	17.14	NA	\$1,093	Inpatient only				
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vagina), pouch advancement; combined transperineal and transabdominal approach	090	36.45	NA	\$2,172	Inpatient only				
Hemorrhoid procedures										
46083	Incision of thrombosed hemorrhoid, external	010	1.45	\$205	\$109	5371	T	\$235	P2	\$128
46220	Excision of single external papilla or tag, anus	010	1.61	\$248	\$120	5312	T	\$1,124	A2	\$612
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	010	2.36	\$279	\$190	5311	T	\$871	P3	\$191
46230	Excision of multiple external papillae or tags, anus	010	2.62	\$309	\$172	5313	J1	\$2,675 <sup>†</sup>	A2	\$1,349
46250	Hemorrhoidectomy, external, 2 or more columns/groups	090	4.25	\$472	\$315	5313	J1	\$2,675 <sup>†</sup>	A2	\$1,349
46255	Hemorrhoidectomy, internal and external, single column/group	090	4.96	\$512	\$351	5313	J1	\$2,675 <sup>†</sup>	A2	\$1,349
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups	090	6.73	NA	\$477	5313	J1	\$2,675 <sup>†</sup>	A2	\$1,349
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	090	7.76	NA	\$528	5313	J1	\$2,675 <sup>†</sup>	A2	\$1,349
46320	Excision of thrombosed hemorrhoid, external	010	1.64	\$211	\$112	5312	T	\$1,124	P3	\$148

 Please refer to page 6 for footnotes

# Procedure reimbursement

CPT® <sup>1</sup> code	Description	Physician <sup>3</sup>				Hospital outpatient <sup>4</sup>			Ambulatory surgery <sup>4</sup>	
		Global days	Work RVU	Office rate	Facility rate	APC	SI	Rate	PI	Rate
Hemorrhoid procedures, continued										
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	090	1.61	\$213	\$150	5312	T	\$1,124	P3	\$153
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance	090	3.69	NA	\$337	5313	J1	\$2,675 <sup>†</sup>	R2	\$1,349
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance	090	4.50	NA	\$376	5313	J1	\$2,675 <sup>†</sup>	A2	\$1,349
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	090	5.57	NA	\$439	5313	J1	\$2,675 <sup>†</sup>	G2	\$1,349

## Footnotes

NA	Indicates that there is no established Medicare allowable in this site of care
SI	Indicates Status Indicator
PI	Indicates Payment Indicator
+	Add-on codes are always listed in addition to the primary procedure code
†	Comprehensive APCs (C-APCs)
¶	Device intensive
§	Packaged Payment
RVU	Indicates Relative Value Unit

# Hospital inpatient coding

ICD-10-PCS<sup>5</sup> procedure codes are used by hospitals to report surgeries and procedures performed in the inpatient setting. Below are commonly used ICD-10-PCS procedure codes, however codes listed below are not exhaustive as other codes may apply.

ICD-10-PCS <sup>5</sup>	Description
<b>Partial colectomy</b>	
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
<b>Total colectomy</b>	
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

# Hospital inpatient coding

ICD-10-PCS <sup>5</sup>	Description
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
<b>Colostomy and ileostomy</b>	
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



# Hospital inpatient coding

ICD-10-PCS <sup>5</sup>	Description
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	
0DBP0ZZ	Excision of Rectum, Open Approach
0DBP4ZZ	Excision of Rectum, Percutaneous Endoscopic Approach
0DTP0ZZ	Resection of Rectum, Open Approach
0DTP4ZZ	Resection of Rectum, Percutaneous Endoscopic Approach
Hemorrhoid procedures	
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
8E0W0CZ	Robotic Assisted Procedure of Trunk Region, Open Approach
8E0W4CZ	Robotic Assisted Procedure of Trunk Region, Percutaneous Endoscopic Approach

# Hospital inpatient coding

## Hospital Diagnosis Related Groups (DRG)<sup>6</sup>

Under Medicare's MS-DRG<sup>6</sup> 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. Only one MS-DRG is assigned for each inpatient stay, regardless of the number of procedures performed.

The DRGs below are typically assigned for procedures related to colorectal surgery.

MS-DRG <sup>6</sup>	Description	Rate
<b>Colectomy, colostomy, and ileostomy</b>		
329	Major Small And Large Bowel Procedures W MCC	\$31,625
330	Major Small And Large Bowel Procedures W CC	\$16,608
331	Major Small And Large Bowel Procedures W/O CC/MCC	\$11,707
<b>Paracolostomy hernia repair</b>		
347	Anal and Stomal Procedures W MCC	\$17,848
348	Anal and Stomal Procedures W CC	\$9,112
349	Anal and Stomal Procedures W/O CC/MCC	\$6,832
<b>Rectal procedures</b>		
332	Rectal Resection W MCC	\$25,586
333	Rectal Resection W CC	\$14,560
334	Rectal Resection W/O CC/MCC	\$11,238
<b>Hemorrhoid procedures</b>		
347	Anal and Stomal Procedures W MCC	\$17,848
348	Anal and Stomal Procedures W CC	\$9,112
349	Anal and Stomal Procedures W/O CC/MCC	\$6,832

**MCC: Major Complications and/or Comorbidities**

**CC: Complications and/or Comorbidities**

# References

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2. Centers for Medicare and Medicaid Services. Healthcare Common Procedure Coding System (HCPCS) Quarterly Update. <https://www.cms.gov/medicare/coding/hcpcsreleasecodesets/hcpcs-quarterly-update>. Accessed January 9, 2024
3. Centers for Medicare and Medicaid Services. Medicare Program; CY 2023 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Federal Register (88 Fed. Reg. No. 220 78818-80047) <https://www.govinfo.gov/content/pkg/FR-2023-11-16/pdf/2023-24184.pdf>. 2024 National Physician Fee Schedule Relative Value File January Release <https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files/rvu24a>. Published Jan 3, 2024.
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5. Centers for Medicare and Medicaid Services. International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-pcs>. Accessed January 10, 2024.
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# Resources

Medtronic Reimbursement Support is available to assist you with your coding and reimbursement questions. If your coding or reimbursement questions were not answered in this guide, please check out these additional resources:



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Email us: [rs.MedtronicMedicalSurgicalReimbursement@medtronic.com](mailto:rs.MedtronicMedicalSurgicalReimbursement@medtronic.com)

**C-code Finder**