Medtronic

2022 Billing and Coding Guide
Colorectal Surgery

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 unadjusted national average rounded to the nearest whole number for 2022 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 HCPCS[1] 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©[2] Code	Description	Physician[3]	Ambulatory Surgery Center[4]	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: $2,120	Inpatient only, not reimbursed for hospital outpatient or ASC	
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	Facility Only: $2,378	Inpatient only, not reimbursed for hospital outpatient or ASC	
44157	Colectomy, total, abdominal, with proctectomy; with	Facility Only:	Inpatient only, not reimbursed for hospital	

	ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	$2,258	outpatient or ASC
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	Facility Only: $1,277	Inpatient only, not reimbursed for hospital outpatient or ASC
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	Facility Only: $1,576	Inpatient only, not reimbursed for hospital outpatient or ASC
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	Facility Only: $1,369	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: $1,787	Inpatient only, not reimbursed for hospital outpatient or ASC
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	Facility Only: $1,853	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: $2,017	Inpatient only, not reimbursed for hospital outpatient or ASC

CPT©[2] Code	Description	Physician[3]	Ambulatory Surgery Center[4]	Hospital Outpatient[4]
Colectomy, continued				
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: $2,147	Inpatient only, not reimbursed for hospital outpatient or ASC	
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	Facility Only: $2,068	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: $1,250	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: $1,787	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: $2,017	Inpatient only, not reimbursed for hospital outpatient or ASC	
44320	Colostomy or skin level cecostomy;	Facility Only:	Inpatient only, not reimbursed for hospital	

		$1,234	outpatient or ASC
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	Facility Only: $1,454	Inpatient only, not reimbursed for hospital outpatient or ASC
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	Facility Only: $1,113	Inpatient only, not reimbursed for hospital outpatient or ASC
Paracolostomy Hernia Repair			
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	Facility Only: $1,214	Inpatient only, not reimbursed for hospital outpatient or ASC
Rectal and Anal Procedures			
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	Facility Only: $1,864	Inpatient only, not reimbursed for hospital outpatient or ASC
45111	Proctectomy; partial resection of rectum, transabdominal approach	Facility Only: $1,116	Inpatient only, not reimbursed for hospital outpatient or ASC
45112	Proctectomy, combined abdominoperineal, pull-through procedure (e.g., colo-anal anastomosis)	Facility Only: $1,887	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: $1,897	Inpatient only, not reimbursed for hospital outpatient or ASC

CPT©[2] Code	Description	Physician[3]	Ambulatory Surgery Center[4]	Hospital Outpatient[4]
Rectal and Anal Procedures, continued				
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: $1,568	Inpatient only, not reimbursed for hospital outpatient or ASC	
45119	Proctectomy, combined abdominoperineal pull-through procedure (e.g., colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	Facility Only: $1,911	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: $1,653	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: $1,805	Inpatient only, not reimbursed for hospital outpatient or ASC	
45123	Proctectomy, partial, without anastomosis, perineal approach	Facility Only: $1,141	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	Facility Only: $2,795	Inpatient only, not reimbursed for hospital outpatient or ASC	

	combination thereof			
45130	Excision of rectal procidentia, with anastomosis; perineal approach	Facility Only: $1,106	Inpatient only, not reimbursed for hospital outpatient or ASC	
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	Facility Only: $1,317	Inpatient only, not reimbursed for hospital outpatient or ASC	
45136	Excision of ileoanal reservoir with ileostomy	Facility Only: $1,815	Inpatient only, not reimbursed for hospital outpatient or ASC	
45150	Division of stricture of rectum	Facility Only: $439	$537	$1,059
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	Facility Only: $1,061	$1,176	$2,495
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	Facility Only: $639	$1,176	$2,495
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	Facility Only: $850	$1,176	$2,495
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	Facility Only: $729	$1,176	$2,495
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	Facility Only: $1,996	Inpatient only, not reimbursed for hospital outpatient or ASC	

CPT©[2] Code	Description	Physician[3]	Ambulatory Surgery Center[4]	Hospital Outpatient[4]
Rectal and Anal Procedures, continued				
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: $2,169	Inpatient only, not reimbursed for hospital outpatient or ASC	
45400	Laparoscopy, surgical; proctopexy (for prolapse)	Facility Only: $1,157	Inpatient only, not reimbursed for hospital outpatient or ASC	
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	Facility Only: $1,546	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: $971	$1,176	$2,495
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	Facility Only: $1,492	Inpatient only, not reimbursed for hospital outpatient or ASC	
45562	Exploration, repair, and presacral drainage for rectal injury	Facility Only: $1,174	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	$1,176	$2,495
46700	Anoplasty, plastic operation for stricture; adult	Facility Only: $676	$1,176	$2,495

46705	Anoplasty, plastic operation for stricture; infant	Facility Only: $595	Inpatient only, not reimbursed for hospital outpatient or ASC	
46706	Repair of anal fistula with fibrin glue	Facility Only: $185	$1,176	$2,495
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	Facility Only: $1,152	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: $2,296	Inpatient only, not reimbursed for hospital outpatient or ASC	
Hemorrhoid Procedures				
46083	Incision of thrombosed hemorrhoid, external	Facility: $113 Non-Facility: $220	$138	$272
46220	Excision of single external papilla or tag, anus	Facility:$124 Non-Facility: $264	$537	$1,059
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	Facility:$200 Non-Facility: $298	$205	$810
46230	Excision of multiple external papillae or tags, anus	Facility: $177 Non-Facility: $326	$1,176	$2,495
46250	Hemorrhoidectomy, external, 2 or more columns/groups	Facility: $330 Non-Facility: $502	$1,176	$2,495

CPT©2 Code	Description	Physician[3]	Ambulatory Surgery Center[4]	Hospital Outpatient[4]
Hemorrhoid Procedures, continued				
46255	Hemorrhoidectomy, internal and external, single column/group;	Facility:$369 Non-Facility: $546	$1,176	$2,495
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	Facility Only: $428	$1,176	$2,495
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	Facility Only: $500	$1,176	$2,495
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups	Facility Only: $500	$1,176	$2,495
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	Facility Only: $546	$1,176	$2,495
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	Facility Only: $610	$1,176	$2,495
46320	Excision of thrombosed hemorrhoid, external	Facility: $116 Non-Facility: $224	$157	$1,059
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	Facility: $157 Non-Facility: $227	$164	$1,059
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group	Facility Only: $352	$1,176	$2,495

46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	Facility Only: $396	$1,176	$2,495
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Facility Only: $463	$1,176	$2,495
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.		

Hospital Inpatient Procedure Coding

ICD-10-PCS[4] procedure codes are used by hospitals to report surgeries and procedures performed in the inpatient setting.

ICD-10-PCS 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

ICD-10-PCS Code	Description
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.	
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

Hospital Inpatient DRG's 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.

DRG[5]	Description	FY 2022 Payment
Colectomy, Colostomy, and Ileostomy		
329	Major Small and Large Bowel Procedures W MCC	$32,221
330	Major Small and Large Bowel Procedures W CC	$16,811
331	Major Small and Large Bowel Procedures W/O CC/MCC	$11,279
Paracolostomy Hernia Repair		
347	Anal and Stomal Procedures W MCC	$16,253
348	Anal and Stomal Procedures W CC	$8,890
349	Anal and Stomal Procedures W/O CC/MCC	$6,458
Rectal Procedures		
332	Rectal Resection W MCC	$27,442
333	Rectal Resection W CC	$14,120
334	Rectal Resection W/O CC/MCC	$10,607
Hemorrhoid Procedures		
347	Anal and Stomal Procedures W MCC	$16,253
348	Anal and Stomal Procedures W CC	$8,890
349	Anal and Stomal Procedures W/O CC/MCC	$6,458

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

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

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[3]Centers for Medicare and Medicaid Services. Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Federal Register (86 Fed. Reg. No. 221 64996-66031) https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf Published November 19, 2021. Physician Fee Schedule – January 2022 Release. https://www.cms.gov/medicaremedicare-fee-service-paymentphysicianfeeschedpfs-relative-value-files/rvu22a

[4]Centers for Medicare and Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Final Rule, Federal Register (86 Fed. Reg. No.218 63458-63477), https://www.govinfo.gov/content/pkg/FR-2021-11-16/pdf/2021-24011.pdf Published November 16, 2021. ASC Payment Rates – Addenda January 2022 ASC Approved HCPCS Code and Payment Rates-Updated January 4, 2022.
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/11_Addenda_Updates

[4]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

[5]Centers for Medicare and Medicaid Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2022 Rates; Final Rule, Federal Register (86 Fed. Reg. No. 154 44774-45615), https://www.govinfo.gov/content/pkg/FR-2021-08-13/pdf/2021-16519.pdf Published August 13, 2021.

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