

Cholecystectomy Reimbursement Facts – 2008

Surgeon

CPT-4 Code ¹	Procedure	National Average Medicare Payment ²
47562	Laparoscopy, surgical; cholecystectomy	\$641.00
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	\$660.81
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	\$764.79
47600	Cholecystectomy	\$904.95
47605	Cholecystectomy with cholangiography	\$852.77
47610	Cholecystectomy with exploration of common duct	\$1,090.43
47612	Cholecystectomy with choledochenterostomy	\$1,099.57
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	\$1,192.88

Outpatient Facility

Hospital Outpatient Department		
APC	Procedure Description	Medicare Payment ³
131	Level II Laparoscopy (CPT codes 47562, 47563, 47564)	\$2,900.10
Freestanding Ambulatory Surgery Center		
CPT Codes		Medicare Payment ⁴
For CPT Codes 47562, 47563, 47564		\$1,885.06

Inpatient Facility

ICD-9 Code ⁵	Description
51.21	Other partial cholecystectomy
51.22	Cholecystectomy
51.23	Laparoscopic Cholecystectomy
51.24	Laparoscopic partial cholecystectomy
51.36	Choledochenterostomy
51.41	Common duct exploration for removal of calculus
51.51	Exploration of common bile duct

NOTE: ICD-9 codes are grouped into Medicare Severity Diagnoses Related Groups (MS-DRGs) for Medicare reimbursement using a patient's diagnoses, procedures performed, age, sex and discharge status. One MS- DRG is assigned to each inpatient stay.

DRG	Description	Average Length of Stay (Days) ⁶	National Average MS- DRG Payment ⁶
408	Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC	12.2	\$20,749.05
409	Biliary tract proc except only cholecyst w or w/o c.d.e. w CC	8.2	\$15,680.77
410	Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC	5.7	\$11,195.01
411	Cholecystectomy w c.d.e. w MCC	10.9	\$18,373.73
412	Cholecystectomy w c.d.e. w CC	7.6	\$14,203.46
413	Cholecystectomy w c.d.e. w/o CC/MCC	5.2	\$10,450.97
414	Cholecystectomy except by laparoscope w/o c.d.e. w MCC	9.7	\$16,658.40
415	Cholecystectomy except by laparoscope w/o c.d.e. w CC	6.6	\$12,247.54
416	Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC	4.1	\$8,289.93
417	Laparoscopic cholecystectomy w/o c.d.e. w MCC	6.6	\$11,500.27
418	Laparoscopic cholecystectomy w/o c.d.e. w CC	4.5	\$9,208.40
419	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	2.5	\$6,675.87

¹ All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other material are Copyright 2006 American Medical Association. All Rights Reserved.

² Federal Register, Vol. 72, No. 227, Tuesday, November 27, 2007, and reflects the legislation passed by Congress on December 19, 2007, 2008 Physician Reimbursement Conversion Factor = \$38.087. 2008 conversion factor, Work, PE & MP GPCI geographical averages used (CY 2008 Physician Fee Schedule 11/01/07 RVU values), please see your specific geographical GPCI for more accurate amounts. (Medicare pays 80%; the remaining 20% is the patient's responsibility. Many patients have supplemental insurance).

³ Federal Register, Vol. 72, No. 227, Tuesday, November 27, 2007, 2008 Hospital Outpatient Payment

⁴ Federal Register, Vol. 72, No. 148, August 2, 2007, 2008 ASC Reimbursement.

⁵ 2007 Encoder Pro Professional Hospital & Payor ICD-9-CM Volumes 1, 2 & 3.

⁶ Federal Register, Vol. 72, No. 162, August 22, 2007; 2008 National Average DRG Payment

*Physicians should refer to their provider Carrier Manual for their geographic payments.

NOTE: 2008 Reimbursement and Billing Codes for these procedures have been validated by Princeton Reimbursement Group.

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The information contained in this document is provided to help you understand the reimbursement process. It is not intended to increase or maximize reimbursement by any payor. We strongly recommend that providers consult their Payor organization with regard to local reimbursement policies.

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ICD-9 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 2007 American Medical Association. All Rights Reserved.

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