

2009 Adhesions Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ²
Traditional Open Procedure		
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	\$ 987
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	1,139
50722	Ureterolysis for ovarian vein syndrome	991
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	1,126

Laparoscopic Procedure		
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	\$ 835
58660	Laparoscopy, surgical, with lysis of adhesions (salpingolysis, ovariolysis) (separate procedures)	641
58740	Lysis of adhesions (salpingolysis, ovariolysis)	831

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0131	Level II laparoscopy (CPT code 44180, 58660)	\$3,060

Freestanding Ambulatory Surgery Center

ASC GROUP	CPT CODES	MEDICARE PAYMENT ⁴
58660	Laparoscopy, surgical, with lysis of adhesions (salpingolysis, ovariolysis) (separate procedures)	\$1,284

INPATIENT FACILITY

ICD-9 CODE ⁵	DESCRIPTION
54.51	Lap lysis of peritoneal adhesions (DRGs 150 & 151)
54.59	Other lysis of peritoneal adhesions (DRGs 150 & 151)
56.79	Other anastomosis or bypass of ureter
59.02	Other lysis of perirenal or periureteral adhesions (DRGs 303, 304 & 305)
59.11	Other lysis of perivesical adhesions (DRGs 308, 309, 344 & 345)
65.81	Lap lysis of adhesions of ovary & fallopian tubes (DRGs 354, 355, 357, 358 & 359)
65.89	Other lysis of adhesions of ovary & fallopian tubes (DRGs 354, 355, 357, 358 & 359)

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

INPATIENT FACILITY

DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS)⁶	NATIONAL AVERAGE DRG PAYMENT ⁶
335	Peritoneal adhesiolysis with MCC	14.1	\$22,137
336	Peritoneal adhesiolysis with CC	9.1	12,117
337	Peritoneal adhesiolysis without CC/MCC	5.6	7,863
662	Minor bladder procedures with MCC	10.3	14,684
663	Minor bladder procedures with CC	5.3	7,816
664	Minor bladder procedures without CC/MCC	2.1	5,374
715	Other male reproductive system O.R. procedure for malignancy with CC/MCC	6.2	9,247
716	Other male reproductive system O.R. procedure for malignancy without CC/MCC	1.4	5,220
717	Other male reproductive system O.R. procedure except malignancy with CC/MCC	7.2	9,797
718	Other male reproductive system O.R. procedure except malignancy without CC/MCC	2.8	4,230
736	Uterine & adnexa procedure for ovarian or adnexal malignancy with MCC	13.8	22,633
737	Uterine & adnexa procedure for ovarian or adnexal malignancy with CC	7.2	10,599
738	Uterine & adnexa procedure for ovarian or adnexal malignancy without CC/MCC	3.9	6,268
739	Uterine & adnexa procedure for non-ovarian/adnexal malignancy with MCC	10.2	16,276
740	Uterine & adnexa procedure for non-ovarian/adnexal malignancy with CC	5.2	7,931
741	Uterine & adnexa procedure for non-ovarian/adnexal malignancy without CC/MCC	3.0	5,408
742	Uterine & adnexa procedure for non-malignancy with CC/MCC	4.5	7,274
743	Uterine & adnexa procedure for non-malignancy without CC/MCC	2.3	4,570
749	Other female reproductive system O.R. procedures with CC/MCC	9.3	13,452
750	Other female reproductive system O.R. procedures without CC/MCC	3.1	5,208

1 All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2008 American Medical Association. All Rights Reserved.

2 Federal Register, Vol. 73, No. 224, Wednesday, November 19, 2008/ Rules and Regulations. The 2009 Physician Reimbursement Conversion Factor = \$36.0666; Federal Register/ page 69726.

3 Federal Register, Vol. 73, No. 223, Tuesday, November 18, 2008/ Rules and Regulations; 2009 Hospital Outpatient Payment.

4 Federal Register, Vol. 73, No. 223, Tuesday, November 18, 2008/ Rules and Regulations; 2009 ASC Reimbursement.

5 Ingenix® 2009 ICD-9-CM for Hospitals-Volumes 1, 2, & 3.

6 Federal Register, Vol. 73, No. 161, Tuesday, August 19, 2008/ Rules and Regulations; 2009 National Average DRG Payment.

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

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. The information contained in this document is provided for information purposes only and represents no statement, promise, or guarantee by Ethicon Endo-Surgery, Inc. concerning levels of reimbursement, payment or charge. Similarly, all CPT HCPCS and ICD-9 codes are supplied for information purposes only and represent no statement, promise, or guarantee by Ethicon Endo-Surgery, Inc. that these codes will be appropriate or that reimbursement will be made. 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 2008 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 and various commercial Payors. The content provided by the Centers for Medicare and Medicaid Services is updated frequently. It is the responsibility of the health services provider to confirm the appropriate coding required by their local Medicare carriers, fiscal intermediaries, and commercial payors.