

2009 Appendectomy Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ²
Traditional Open Procedure		
44950	Appendectomy (incidental during intra-abdominal surgery)	\$ 580
44955	Appendectomy when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	79
44960	Appendectomy for ruptured appendix, with abscess or generalized peritonitis	779

Laparoscopic Procedure		
44970	Laparoscopy, surgical; appendectomy	\$ 532
44979	Unlisted laparoscopy procedure, appendix	Carrier Priced

OUTPATIENT FACILITY 2008

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
130	Level I Laparoscopy (CPT Code: 44979)	\$2,503
131	Level II Laparoscopy (CPT Code: 44970)	3,060

INPATIENT FACILITY

ICD-9 CODE ⁴	DESCRIPTION
47.01	Laparoscopic appendectomy
47.09	Other appendectomy
47.11	Laparoscopic incidental appendectomy
47.19	Other incidental appendectomy

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.

DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) ⁵	NATIONAL AVERAGE DRG PAYMENT ⁵
338	Appendectomy with complicated principal diagnosis with MCC	10.7	\$17,204
339	Appendectomy with complicated principal diagnosis with CC	7.0	10,056
340	Appendectomy with complicated principal diagnosis without CC/MCC	4.2	6,640
341	Appendectomy without complicated principal diagnosis with MCC	7.1	11,699
342	Appendectomy without complicated principal diagnosis with CC	4.1	7,095
343	Appendectomy without complicated principal diagnosis without CC/MCC	2.2	4,898

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 697726.

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

⁴ Ingenix® 2009 ICD-9-CM for Hospitals-Volumes 1, 2, & 3.

⁵ Federal Register, Vol. 73, No. 161, August 19, 2008/ Rules and Regulations; 2009 National Average DRG Payment.

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

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