

# 2009 Cholecystectomy Reimbursement Fact Sheet

| SURGEON CPT CODE <sup>1</sup> | PROCEDURE  | NATIONAL AVERAGE MEDICARE PAYMENT <sup>2</sup> |
|-------------------------------|--|--|
| <b>Laparoscopic Procedure</b> |  |  |
| 47562                         | Laparoscopy, surgical; cholecystectomy                                 | \$ 664   |
| 47563                         | Laparoscopy, surgical; cholecystectomy with cholangiography            | 681  |
| 47564                         | Laparoscopy, surgical; cholecystectomy with exploration of common duct | 787  |

|                                   |   |        |
|-----------------------------------|---|--------|
| <b>Traditional Open Procedure</b> |   |        |
| 47600                             | Cholecystectomy   | \$ 984 |
| 47605                             | Cholecystectomy with cholangiography  | 881    |
| 47610                             | Cholecystectomy with exploration of common duct   | 1,129  |
| 47612                             | Cholecystectomy with choledochenterostomy   | 1,140  |
| 47620                             | Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography | 1,239  |

## OUTPATIENT FACILITY 2008

### Hospital Outpatient Department

| APC | APC DESCRIPTION                                      | MEDICARE PAYMENT <sup>3</sup> |
|-----|--|-------------------------------|
| 131 | Level II Laparoscopy (CPT codes 47562, 47563, 47564) | \$3,060                       |

### Freestanding Ambulatory Surgery Center

| CPT CODES                         | MEDICARE PAYMENT <sup>4</sup> |
|-----------------------------------|-------------------------------|
| For CPT Codes 47562, 47563, 47564 | \$1,870                       |

## INPATIENT FACILITY

| ICD-9 CODE <sup>5</sup> | 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) <sup>6</sup> | NATIONAL AVERAGE DRG PAYMENT <sup>6</sup> |
|-----|--|--|---|
| 408 | Biliary tract proc except only cholecystectomy with or without c.d.e. with MCC       | 15.1                                       | \$23,067                                  |
| 409 | Biliary tract proc except only cholecystectomy with or without c.d.e. with CC        | 9.8  | 13,893                                    |
| 410 | Biliary tract proc except only cholecystectomy with or without c.d.e. without CC/MCC | 6.5  | 8,920                                     |
| 411 | Cholecystectomy with c.d.e. with MCC   | 12.4                                       | 20,311                                    |
| 412 | Cholecystectomy with c.d.e. with CC  | 8.6  | 12,806                                    |
| 413 | Cholecystectomy with c.d.e. without CC/MCC   | 5.9  | 9,142                                     |
| 414 | Cholecystectomy except by laparoscope without c.d.e. with MCC                        | 11.7                                       | 19,337                                    |
| 415 | Cholecystectomy except by laparoscope without c.d.e. with CC                         | 7.6  | 11,017                                    |
| 416 | Cholecystectomy except by laparoscope without c.d.e. without CC/MCC                  | 4.8  | 7,198                                     |
| 417 | Laparoscopic cholecystectomy without c.d.e. with MCC                                 | 8.7  | 13,415                                    |
| 418 | Laparoscopic cholecystectomy without c.d.e. with CC                                  | 5.6  | 8,941                                     |
| 419 | Laparoscopic cholecystectomy without c.d.e. without CC/MCC                           | 3.2  | 6,101                                     |

<sup>1</sup> 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. <sup>2</sup> 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. <sup>3</sup> Federal Register, Vol. 73, No. 223, Tuesday, November 18, 2008/ Rules and Regulations; 2009 Hospital Outpatient Payment. <sup>4</sup> Federal Register, Vol. 73, No. 223, Tuesday, November 18, 2008/ Rules and Regulations; 2009 ASC Reimbursement. <sup>5</sup> Ingenix® 2009 ICD-9-CM for Hospitals-Volumes 1, 2, & 3. <sup>6</sup> 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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