

Part B Insider (Multispecialty) Coding Alert

CODING: Using 44139 Can Add \$1,000 to Partial Colectomy Reimbursement

But only if you can decipher the operative report

Surgeons who detach the colon from the splenic flexure, the junction nearest the spleen, are entitled to bill for a separate procedure, but many coders miss out on it because they get bogged down in colon surgery jargon.

The Common Procedural Terminology book specifically advises coders to bill +44139 (Mobilization [take-down] of splenic flexure performed in conjunction with partial colectomy) along with partial colectomy codes 44140-44147. Medicare reimburses roughly \$1,000 extra for 44139 because of the complexity and difficulty of eliminating the splenic flexure, says **M. Trayser Dunaway**, a general surgeon in Camden, S.C. By contrast, detaching the hepatic flexure, near the liver, carries no extra reimbursement because it's less challenging.

If the coder just has two questions for the doctor, Dunaway says, they should be: Anatomically, what did you do? And did this involve taking down the splenic flexure?

Surgeons will often mobilize the splenic flexure as part of a sigmoid colectomy or a left hemicolectomy, Dunaway says. In the latter case, they may remove all of the left colon, plus part of the transverse and sigmoid colons, and that will include removing both flexures. With a sig-moid colectomy, it's not always necessary to take down the splenic flex-ure, but it's nearly always necessary with a left hemicolectomy.

Other procedures may also be separately billable with a partial colectomy, says **Marcella Bucknam**, HIM Program Coordinator at Clarkson College in Omaha, Neb. You may be able to bill separately for the creation of a colostomy or skin-level cecostomy ([44320](#)) or a continent ileostomy (44316). But you can bill these separately only if there's no alternative to listing them that correctly describes what the surgeon did.

Similarly, you should be on the lookout for clues in the surgeon's notes that show he performed a fistula repair, Dunaway says. If the surgeon performed a small-bowel resection with a left or right diverticulum and you see that the bladder was removed, you can assume that there was a fistu-la formation unless the bladder was damaged by accident.