

Part B Insider (Multispecialty) Coding Alert

GENERAL SURGERY: Look To Anatomy To Capture All Reimbursement For Colectomies

Don't miss out on splenic flexure, removal of internal ileum

Watch out: You could be missing out on important reimbursement when your surgeon performs other procedures in addition to a partial colectomy.

The surgeon could take down the splenic flexure or remove the internal ileum as part of a segmental resection, according to general surgeon and coding educator **M. Trayser Dunaway** in Camden, SC. The surgeon removes part of the colon and then hooks the remainder back together.

Look left: The takedown of the splenic flexure on the left side is the main procedure that the surgeon can perform in addition to a standard partial colectomy, according to Dunaway. The surgeon will perform this procedure because there isn't enough slack in the remaining colon to reconnect the two ends without any tension. You can bill for this procedure using add-on code 44139.

"I only look for takedown of the splenic flexure when a left partial colectomy is performed," says **Bobbi Bohon**, a coder with **Seven Hills Surgical Associates** in Lynchburg, VA.

Look for location: The surgeon won't typically write "partial colectomy" in the operative note, says Dunaway. Instead, the surgeon will typically write "right hemicolectomy," "left hemicolectomy" or "sigmoidectomy," letting you know where the surgery happened. These terms give you clues to what else the surgeon may have done.

Look right: A right hemicolectomy means the surgeon removed the ascending colon. Usually the surgeon will remove the terminal ileum and create an anastomosis between the small bowel and colon, says **Michele Butler**, reimbursement specialist with **Columbia Surgical Specialists** in Columbia, SC.

With a right hemicolectomy, the surgeon will often remove the internal ileum when reconnecting the right colon, because the blood flow to the ileum isn't good enough, says Dunaway. Instead of billing for a standard partial colectomy (44140), you can report ileocolostomy code 44160 in these cases.

If the surgeon refers to the transverse colon, then chances are she performed a "straight anastomosis" and took down the hepatic flexure, says Butler. In this case, you'd just bill 44140.