

Laparoscopic to Open

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On behalf of the American Society of Colon and Rectal Surgeons Healthcare Economics Committee
Submit coding and billing questions to: dcr4codingcorner@gmail.com

QUESTION

I am submitting a coding question regarding the use of hybrid laparoscopic and open procedures. If we perform a splenic flexure mobilization laparoscopically, then convert to an open low anterior resection, how do we get credit for the splenic flexure mobilization when 44213 is not allowed with 44145? Can we use 44139 because the Work Relative Value Units are lower for 44139 than they are for 44213? Thank you.

ANSWER

When converting a laparoscopic procedure to an open procedure, you do not report a separate code for the conversion itself. Instead, you “only report the code for the open surgical procedure,” and you should include the International Classification of Diseases – Tenth Edition diagnosis code “V64.41,” which signifies a “laparoscopic surgical procedure converted to open procedure to document the change in approach. The consensus is that Current Procedural Technology (CPT) code 44145 for open sigmoid resection and CPT 44139 for open splenic flexure mobilization should be used. Hybrid procedures are not codified well. This coding scheme follows the “laparoscopic converted to open” suggestions. The possible delay in payment or denial for trying to justify 44213 the CPT for laparoscopic/robotic splenic flexure mobilization is not worth it, even limited to private payors. Also, the 22 modifier could possibly be used considering the apparent difficulty in causing conversion to an open procedure. It is best to append a separate statement to the operative report justifying the specific difficulties of the procedure, that is, the increased time and effort for the procedure.

DISCLAIMER

Your question was answered to the best of our ability using currently available legitimate resources. These include, but are not limited to, CPT Codes, International Classification of Diseases – Tenth Edition (ICD-10), Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System, and Diagnosis-Related Groups, as well as common hospital billing practices. CPT codes and descriptions are © CPT 2024. Professional Edition American Medical Association (AMA). All rights reserved. CPT and CodeManager are registered trademarks of the AMA Relative Value Unit Update Committee.

COMMON RESOURCES

- CPT 2023 Professional Edition. Pages 366–370.
- AMA Relative Value Unit Update Committee Database 2024 version 1.2.
- CMS National Correct Coding Initiative Edits: <https://www.cms.gov/national-correct-coding-initiative-ncci>.
- AMA CPT: <https://www.ama-assn.org/practice-management/cpt>.
- CMS Physician Fee Schedule: <https://www.cms.gov/medicare/payment/fee-schedules/physician>.
- Centers for Disease Control and Prevention ICD-10: <https://www.cdc.gov/nchs/icd/icd-10-cm/index.html>.
- American College of Surgeons Frequently Asked Questions About CPT Coding: <https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/bulletin/2024/november-december-2024-volume-109-issue-10/frequently-asked-questions-about-cpt-coding/>.