

APPENDECTOMY

Policy #34

Implementation Date: 1/1/04

Revision Dates: 1/1/07, 4/1/14, 9/6/16

Disclaimer:

1. Policies are subject to change without notice.

2. Policies outline coverage determinations for SelectHealth Commercial, SelectHealth Advantage (Medicare), and SelectHealth Community Care (Medicaid) plans. Refer to the "Policy" section for more information.

Description

An appendectomy is the removal by surgery (open or laparoscopic) of the appendix, the small worm-like appendage of the colon (the large bowel). An appendectomy is usually performed because of probable appendicitis, an inflammation of the wall of the appendix generally associated with infection.

Commercial Plan Policy

SelectHealth will not reimburse for the removal of the appendix when it is "incidental" to another abdominal (open or laparoscopic) procedure. In this case, the appendectomy would be included in the major procedure performed.

- SelectHealth will not reimburse for an appendectomy when done as a stand-alone laparoscopic procedure when code 44979 is used.
- o SelectHealth will reimburse for the removal of an appendix (44950) (44970) when done as a stand-alone and medically necessary procedure.
- o SelectHealth will reimburse for the removal of an appendix (44960) when it is a standalone and medically necessary procedure when there is a rupture of the appendix with an abscess or generalized peritonitis.
- SelectHealth may provide reimbursement for an open (44955) or laparoscopic (44979) appendectomy when done for an indicated purpose at the time of another major abdominal procedure, not as a separate procedure. Upon review, the following must be verifiable in the patient record:
 - 1. The removal of the appendix must be clearly identifiable as a separate procedure:
 - 2. The medical necessity must be clearly identified (e.g., inflammation, gangrenous, obstructed, etc.); and
 - 3. The additional time and effort required to perform the appendectomy must be clearly documented.

SelectHealth Advantage (Medicare/CMS)

SelectHealth Advantage will follow the commercial plan policy

SelectHealth Community Care (Medicaid)

SelectHealth Community Care will follow the commercial plan policy

Applicable Codes

CPT Codes	Descriptions
44950	Appendectomy
44960	Appendectomy when done for ruptured appendix with abscess or generalized peritonitis
44970	Laparoscopy, surgical appendectomy
+ 44955	Appendectomy when done for indicated purpose at the time of other major procedure (not separate procedure) (List separately in addition to code for primary procedure)
44979	Unlisted laparoscopy procedure, appendix

Sources

- 1. Current Procedural Terminology (CPT®), (2014) American Medical Association
- ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved April 1, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf
- CMS. National Correct Coding Initiative Policy Manual for Medicare Chapter 6 CPT Codes 40000-49999 (Revised January 1, 2014) CHAPTER VI Surgery: Digestive System. Retrieved August 27, 2014.
- CPT Asst Jan 2012, pp. 13–14.

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

SelectHealth makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. SelectHealth updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or SelectHealth members. Claims will be reviewed based on current policy language at time of review.

Members may contact Customer Service at the phone number listed on their member ID Card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call SelectHealth Provider Relations at 801-442-3692.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from SelectHealth.

"Intermountain Healthcare" and its accompanying logo, the marks of "SelectHealth" and its accompanying marks are protected and registered trademarks of the provider of this Service and or Intermountain Health Care, Inc., IHC Health Services, Inc., and SelectHealth, Inc.

Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association