

**Information on Coding and Medicare Payment Amounts
for the Ascites Shunt
Updated 01-01-2007**

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DENVER ASCITES SHUNTS

HOSPITAL INPATIENT PROCEDURES

ICD-9-CM Procedure	CPT Code	Physician Fee (2007 National Average)	Common DRGs	Facility Reimbursement Amount (2007 National Average)
54.94 Creation of peritoneovascular shunt	49425 Insertion of peritoneal-venous shunt	\$680.63	170 Other digestive system OR procedures with complications	\$3,491
			171 Other digestive system OR procedures w/o complications	\$2,570
54.99 Other operations of abdominal region	49426 Revision of peritoneal-venous shunt	\$578.73	The DRG would be determined by the patient's condition and the reason for revision.	
54.99 Other operations of abdominal region	49429 Removal of peritoneal-venous shunt	\$416.67	The DRG would be determined by the patient's condition and the reason for removal.	

Note: The Ascites Shunt procedures are inpatient procedures only.

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