

2022 Thoracic Reimbursement Guide

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Finding the appropriate ICD-10-PCS Code¹

STEP 1: Select the code below that best describes the procedure and associated body part.

Procedure Code	Description (Includes Body Part)	Procedure Code	Description (Includes Body Part)
01B	Excision/Thoracic Sympathetic Nerve	0DB	Excision/ Esophagus
02B	Excision/Pericardium	0DN	Release/ Stomach
02CN	Extirpation of Matter/Pericardium	0DQ	Repair/Stomach
02Q	Repair/Pericardium	0DR	Replacement/Esophagus
07B	Excision/Thorax Lymphatic	0DT	Resection/Esophagus
07T	Resection/Thymus	0DU	Supplement Esophagus
0B5	Destruction / Respiratory System	0W39	Control / Pleural Cavity, Right
0BB	Excision / Respiratory System	0W3B	Control / Pleural Cavity, Left
0BC	Extirpation / Respiratory System	0WBC	Excision / Mediastinum
0BD	Extraction / Respiratory System	0WC9	Extirpation / Pleural Cavity, Right
0BJ	Inspection / Respiratory System	0WCB	Extirpation / Pleural Cavity, Left
0BN	Release / Respiratory System	0WJ9	Inspection / Pleural Cavity, Right
0BQ	Repair / Respiratory System	0WJB	Inspection / Pleural Cavity, Left
0BT	Resection / Respiratory System	0WJC	Inspection / Mediastinum
0D1	Bypass/ Esophagus	0WJD	Inspection / Pericardial Cavity
0D8	Division/Esophagus	3E0F	Introduction / Respiratory Tract

STEP 2: Using your coding reference book or software, select the 3 codes that best describe the associated approach, device and qualifier in the respective order.

Given the large number of individual procedure codes available for bariatric procedures, please refer to your coding reference book or coding software to look up the associated Approach, Device and Qualifier that best align to the procedure code and body part you identified in Step 1 above.

STEP 3: Combine the code in the respective order from left to right. This is your ICD-10-PCS Code.

For example, the code for Resection of Right Upper Lung Lobe, Percutaneous Endoscopic Approach (0BTC4ZZ) would be created in the steps below:

Example: STEP 1: 0BT + STEP 2: Body Part C + Approach 4 + Device Z + Qualifier Z = STEP 3: 0BTC4ZZ

Surgeon CPT, APC & DRG Codes

Surgeon CPT Code ²	Procedure	National Average Medicare Payment ³
Lobectomy Procedures		
Traditional Open Procedure		
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	\$ 1,507
32482	Removal of lung, other than pneumonectomy; two lobes (bilobectomy)	\$ 1,613
Thorascopic (VATS) Procedures		
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	\$ 1,422
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	\$ 1,630
Wedge Resection Procedures		
Open Procedures		
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	\$ 949
+32506	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	\$ 159
+32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	\$ 159
Thorascopic (VATS) Procedures		
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	\$ 886
+32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	\$ 159
+32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	\$ 160
NOTE: + signifies an add-on code, a procedure that is in addition to another, or primary, procedure being performed.		
Esophagectomy Procedures		
Open Procedures		
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal)	\$ 3,032
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	\$ 4,517
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty	\$ 3,533
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	\$ 4,414
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	\$ 5,050
43117	Partial esophagectomy, distal 2/3, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis)	\$ 3,314
43118	Partial esophagectomy, distal 2/3, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	\$ 3,685
43121	Partial esophagectomy, distal 2/3, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	\$ 2,905
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	\$ 2,613
43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	\$ 4,576
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	\$ 3,870
Thorascopic (VATS) Procedures		
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	\$ 1,252
Pneumonectomy Procedures		
Open Procedures		
32440	Removal of lung, pneumonectomy	\$ 1,598
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho tracheal anastomosis (sleeve pneumonectomy)	\$ 3,100
32445	Removal of lung, pneumonectomy; extrapleural	\$ 3,582

Surgeon CPT, APC & DRG Codes (continued)

Pneumonectomy Procedures (Continued)

Thorascopic (VATS) Procedures

32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)	\$ 1,800
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Segmentectomy Procedures

Open Procedures

32484	Removal of lung, other than Pneumonectomy; single segment (segmentectomy)	\$ 1,460
32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	\$ 2,428

Thorascopic (VATS) Procedures

32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	\$ 1,365
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Lung Volume Reduction (LVRS) Procedures

Open Procedures

32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bulbous or non bulbous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure when performed	\$ 1,498
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Thorascopic (VATS) Procedures

32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	\$ 1,544
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Miscellaneous Procedures

Open Procedures

32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	\$ 813
32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	\$ 816
32098	Thoracotomy, with biopsy(ies) of pleura	\$ 773
32100	Thoracotomy; with exploration	\$ 825
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear	\$ 1,502
32120	Thoracotomy; for postoperative complications	\$ 889
32124	Thoracotomy; with open intrapleural pneumonolysis	\$ 943
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	\$ 1,008
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	\$ 1,547
32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	\$ 2,376
+32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	\$ 246

Thorascopic (VATS) Procedures

32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	\$ 312
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	\$ 486
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	\$ 469
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	\$ 312
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	\$ 384
32609	Thoracoscopy; with biopsy(ies) of pleura	\$ 260
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	\$ 680
32651	Thoracoscopy, surgical; with partial pulmonary decortication	\$ 1,115
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	\$ 1,690
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	\$ 1,079
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	\$ 1,185
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	\$ 973
32656	Thoracoscopy, surgical; with parietal pleurectomy	\$ 819
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	\$ 728
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	\$ 746
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	\$ 814
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	\$ 909
32664	Thoracoscopy, surgical; with thoracic sympathectomy	\$ 863
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	\$ 1,235
+32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	\$ 218

NOTE: + signifies an add-on code, a procedure that is in addition to another, or primary, procedure being performed.

Surgeon CPT, APC & DRG Codes (continued)

OUTPATIENT FACILITY Hospital Outpatient Department

APC	APC Description	Status Indicator	National Average Medicare Payment ⁴
5361	Level 1 Laparoscopy & Related Services (CPT Codes: 32601, 32604, 32606, 32607, 32608, 32609)	J1	\$ 5,168

INPATIENT FACILITY

DRG	Description*	Average Length of Stay (Days) ⁵	National Average DRG Payment ⁵
163	Major chest procedures with MCC	9.2	\$ 33,016
164	Major chest procedures with CC	4.4	\$ 17,512
165	Major chest procedures without CC/MCC	2.6	\$ 12,639
166	Other Respiratory System O.R. Procedures with MCC	7.9	\$ 24,554
167	Other Respiratory System O.R. Procedures with CC	3.7	\$ 11,993
168	Other Respiratory System O.R. Procedures without CC/MCC	2.0	\$ 8,931
326	Stomach, Esophageal, and Duodenal Procedures with MCC	9.5	\$ 35,057
327	Stomach, Esophageal, and Duodenal Procedures with CC	4.6	\$ 16,912
328	Stomach, Esophageal, and Duodenal Procedures without MCC/CC	2.3	\$ 10,992
820	Lymphoma and Leukemia with Major O.R. Procedure with MCC	10.6	\$ 37,533
821	Lymphoma and Leukemia with Major O.R. Procedure with CC	3.7	\$ 14,212
822	Lymphoma and Leukemia with Major O.R. Procedure without MCC/CC	1.8	\$ 8,253

*CC stands for Complications and Comorbidities while MCC refers to Major Complications and Comorbidities. These are a measure of the severity of an illness indicating additional diagnoses present on a case that MAY increase the expected resource consumption beyond that of the same case without a CC or MCC under the current Medicare definition. Whether a complication or comorbidity is classified as a CC or MCC is defined by Medicare.

1. ICD-10 Procedural Coding System (ICD-10-PCS) is developed and maintained by the Centers for Medicare and Medicaid Services (CMS). 2. All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines and other material are copyright 2021 American Medical Association. 3. CY2022 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B (CMS-1751-F, Vol. 86, No. 221; November 19, 2021); Addendum B. All MPFS Fee Schedules calculated using CF of \$34,6062 effective January 2022. 4. CY 2022 Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1753-F, Vol. 86, No. 218; November 16, 2021); Addendum B and Final ASC Addenda AA. 5. Medicare Inpatient Prospective Payment System Final Rule [CMS-1752-F], Federal Register (Vol. 86, Issue 154), Friday, August 13, 2021; Final: National Average DRG Payment.

Ethicon Reimbursement Support Services – (888) 750-1242 or ethiconreimbursementsupport@its.inj.com