

2020 Thoracic Reimbursement Fact Sheet

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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)
OB5	Destruction / Respiratory System	OW9C	Drainage / Mediastinum
OB9	Drainage / Respiratory System	OWBC	Excision / Mediastinum
OBB	Excision / Respiratory System	OWC9	Extirpation / Pleural Cavity, Right
OBC	Extirpation / Respiratory System	OWCB	Extirpation / Pleural Cavity, Left
OBD	Extraction / Respiratory System	OWCQ	Extirpation / Respiratory Tract
OBH	Insertion / Respiratory System	OWH9	Insertion / Pleural Cavity, Right
OBJ	Inspection / Respiratory System	OWHB	Insertion / Pleural Cavity, Left
OBL	Occlusion / Respiratory System	OWHQ	Insertion / Respiratory Tract
OBM	Reattachment / Respiratory System	OWJ9	Inspection / Pleural Cavity, Right
OBN	Release / Respiratory System	OWJB	Inspection / Pleural Cavity, Left
OBP	Removal / Respiratory System	OWJC	Inspection / Mediastinum
OBQ	Repair / Respiratory System	OWJD	Inspection / Pericardial Cavity
OBS	Reposition / Respiratory System	OWJQ	Inspection / Respiratory Tract
OBT	Resection / Respiratory System	OWP9	Removal / Pleural Cavity, Right
OBV	Restriction / Respiratory System	OWPB	Removal / Pleural Cavity, Left
OBW	Revision / Respiratory System	OWPQ	Removal / Respiratory Tract
OW19	Bypass / Pleural Cavity, Right	OWW9	Revision / Pleural Cavity, Right
OW1B	Bypass / Pleural Cavity, Left	OWWB	Revision / Pleural Cavity, Left
OW39	Control / Pleural Cavity, Right	OWWQ	Revision / Respiratory Tract
OW3B	Control / Pleural Cavity, Left	3EOF	Introduction / Respiratory Tract
OW3D	Control / Pericardial Cavity	3EOL	Introduction / Pleural Cavity
OW3Q	Control / Respiratory Tract	3EOY	Introduction / Pericardial Cavity
OW99	Drainage / Pleural Cavity, Right	3E1L	Irrigation / Pleural Cavity
OW9B	Drainage / Pleural Cavity, Left	3E1Y	Irrigation / Pericardial Cavity

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 (OBTC4ZZ)** would be created in the steps below:

Example: STEP 1: OBT + STEP 2: Body Part C + Approach 4 + Device Z + Qualifier Z = STEP 3: **OBTC4ZZ**

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)	\$ 1,542
32482	Removal of lung, other than pneumonectomy; two lobes (bilobectomy)	\$ 1,653
Thorascopic (VATS) Procedures		
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	\$ 1,459
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	\$ 1,673
Wedge Resection Procedures		
Open Procedures		
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	\$ 971
+32506	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	\$ 163
+32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	\$ 163
Thorascopic (VATS) Procedures		
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	\$ 905
+32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	\$ 163
+32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	\$ 163
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)	\$ 3,124
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	\$ 4,676
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty	\$ 3,655
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	\$ 4,564
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	\$ 5,235
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)	\$ 3,405
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)	\$ 3,805
43121	Partial esophagectomy, distal 2/3, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty	\$ 2,989
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	\$ 2,684
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)	\$ 4,734
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	\$ 3,989
Thorascopic (VATS) Procedures		
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	\$ 1,284
Pneumonectomy Procedures		
Open Procedures		
32440	Removal of lung, pneumonectomy	\$ 1,633
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho tracheal anastomosis (sleeve pneumonectomy)	\$ 3,198
32445	Removal of lung, pneumonectomy; extrapleural	\$ 3,691

Surgeon CPT, APC & DRG Codes (continued)

Pneumonectomy Procedures (Continued)

Thorascopic (VATS) Procedures

32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)	\$ 1,853
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Segmentectomy Procedures

Open Procedures

32484	Removal of lung, other than Pneumonectomy; single segment (segmentectomy)	\$ 1,495
32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	\$ 2,497

Thorascopic (VATS) Procedures

32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	\$ 1,401
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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	\$ 1,533
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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	\$ 1,589
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Miscellaneous Procedures

Open Procedures

32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	\$ 835
32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	\$ 836
32098	Thoracotomy, with biopsy(ies) of pleura	\$ 793
32100	Thoracotomy; with exploration	\$ 844
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear	\$ 1,530
32120	Thoracotomy; for postoperative complications	\$ 909
32124	Thoracotomy; with open intrapleural pneumonolysis	\$ 965
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	\$ 1,032
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	\$ 1,589
32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	\$ 2,457
+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)	\$ 254

Thorascopic (VATS) Procedures

32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	\$ 322
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	\$ 501
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	\$ 483
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	\$ 322
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	\$ 396
32609	Thoracoscopy; with biopsy(ies) of pleura	\$ 268
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	\$ 693
32651	Thoracoscopy, surgical; with partial pulmonary decortication	\$ 1,142
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	\$ 1,732
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	\$ 1,107
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	\$ 1,211
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	\$ 996
32656	Thoracoscopy, surgical; with parietal pleurectomy	\$ 835
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	\$ 743
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	\$ 762
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	\$ 831
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	\$ 929
32664	Thoracoscopy, surgical; with thoracic sympathectomy	\$ 883
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	\$ 1,269
+32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	\$ 225

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	\$ 4,833

INPATIENT FACILITY

DRG	Description*	Average Length of Stay (Days) ⁵	National Average DRG Payment ⁵
163	Major chest procedures with MCC	11.7	\$ 30,528
164	Major chest procedures with CC	5.5	\$ 15,857
165	Major chest procedures without CC/MCC	3.3	\$ 11,583
166	Other Respiratory System O.R. Procedures with MCC	10.2	\$ 23,368
167	Other Respiratory System O.R. Procedures with CC	5.1	\$ 11,991
168	Other Respiratory System O.R. Procedures without CC/MCC	2.6	\$ 8,310
326	Stomach, Esophageal, and Duodenal Procedures with MCC	13.2	\$ 33,013
327	Stomach, Esophageal, and Duodenal Procedures with CC	6.5	\$ 16,116
328	Stomach, Esophageal, and Duodenal Procedures without MCC/CC	2.9	\$ 9,865
820	Lymphoma and Leukemia with Major O.R. Procedure with MCC	15.3	\$ 35,808
821	Lymphoma and Leukemia with Major O.R. Procedure with CC	5.5	\$ 13,983
822	Lymphoma and Leukemia with Major O.R. Procedure without MCC/CC	2.4	\$ 7,920

*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 2019 American Medical Association. 3. CY 2020 Revisions to CY 2020 Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs (CMS-1717-FC); Addendum B and Final ASC Addenda AA. 5. Medicare Inpatient Prospective Payment System Final Rule [CMS-1616-F], Federal Register (Vol. 84, Issue 159), Friday, August 16, 2019; Final: National Average DRG Payment.

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