

# 2012 Lung Volume Reduction Surgery Reimbursement Fact Sheet

SURGEON CPT CODE <sup>1</sup>	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT <sup>2</sup>
32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bulbous or non bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure when performed	\$1,516
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	979
32663	Thoracoscopy, surgical; with lobectomy, single lobe	1,439
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	890
32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	161
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	162
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	1,372
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	1,637
32671	Thoracoscopy, surgical; with removal of lung (Pneumonectomy)	1,817
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	1,555
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	1,225
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	220
32998	Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	291

## OUTPATIENT FACILITY

### Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT <sup>3</sup>
0423	Level II Percutaneous Abdominal and Biliary Procedures (CPT code: 32998)	\$4,090

### Freestanding Ambulatory Surgery Center

CPT CODE	DESCRIPTION	MEDICARE PAYMENT <sup>4</sup>
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral	\$2,360

## INPATIENT FACILITY

ICD-9 CODE <sup>4</sup>	DESCRIPTION
32.22	Lung volume reduction surgery
32.28	Other local excision or destruction of lesion or tissue of lung

**NOTE:** ICD-9 codes are grouped into Diagnoses Related Groups (DRGs) for Medicare reimbursement using a patient's diagnoses, procedures performed, age, sex and discharge status. One DRG is assigned to each inpatient stay.

DRG	DESCRIPTION	AVERAGE LENGTH OF STAY (DAYS) <sup>5</sup>	NATIONAL AVERAGE DRG PAYMENT <sup>5</sup>
163	Major chest procedures with MCC	13.9	\$28,668
164	Major chest procedures with CC	7.1	14,657
165	Major chest procedures without CC/MCC	4.3	10,054



1 All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2011 American Medical Association. All Rights Reserved.  
2 Federal Register, Vol. 76, No. 228, Monday, November 28, 2011/ Rules and Regulations. The 2012 Final Physician Reimbursement Conversion Factor = \$34.0376.  
3 Federal Register, Vol. 76, No. 230, Wednesday, November 30, 2011/ Rules and Regulations; Final Hospital Outpatient Payment.  
4 Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2011 Saunders, an imprint of Elsevier, Inc.  
5 Federal Register, Vol. 76, No. 160, Thursday, August 18, 2011/ Rules and Regulations; Final National Average DRG Payment

**Physicians should refer to their provider Carrier Manual for their geographic payments.**

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