

2012 Pneumonectomy, Lobectomy and Wedge Resection Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ²
32440	Removal of lung, pneumonectomy	\$1,611
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho tracheal anastomosis (sleeve pneumonectomy)	3,128
32445	Removal of lung, pneumonectomy; extrapleural	3,602
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	1,523
32482	Removal of lung, other than pneumonectomy; two lobes (bilobectomy)	1,630
32484	Removal of lung, other than Pneumonectomy; single segment (segmentectomy)	1,477
32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	2,417
32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	2,447
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	952
32506	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	161
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	161
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

INPATIENT FACILITY

ICD-9 CODE ³	DESCRIPTION
32.23	Open ablation of lung lesion or tissue
32.25	Thoracoscopic ablation of lung lesion or tissue
32.29	Other local excision or destruction of lesion or tissue of lung (Resection of lung: NOS or wedge)
32.3	Segmental resection of lung (Partial Lobectomy)
32.4	Lobectomy of lung (Lobectomy with segmental resection of adjacent lobes of lung)
32.5	Complete pneumonectomy (Excision of lung NOS or Pneumonectomy (with mediastinal dissection))
32.9	Other excision 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) ⁴	NATIONAL AVERAGE DRG PAYMENT ⁴
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 Hospital ICD-9-CM 2010 Volumes 1, 2 & 3, 9th Revision-Clinical Modification, American Medical Association. Copyright © 2011 Saunders, an imprint of Elsevier, Inc.
- 4 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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