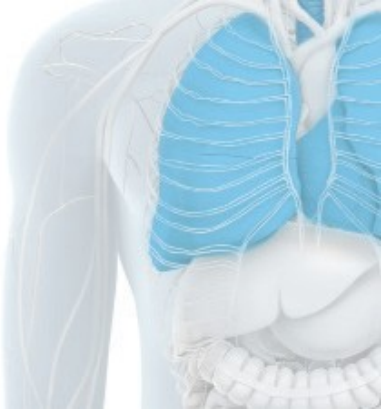
2021 BILLING AND CODING GUIDE
THORACIC SURGERY



2021 Medicare Physician, Hospital Outpatient, ASC Coding and Payment

Rates listed in this guide are based on their respective site of care- physician office, ambulatory surgical center, or hospital outpatient department. All rates provided are for the Medicare National Average rounded to the nearest whole number for 2021 and do not represent adjustment specific to the provider's location or facility. Commercial rates are based on individual contracts. Providers are encouraged to review contracts to verify their specific contracted allowables.

HCPCS[1] Level II is a standardized coding system used primarily to identify products, supplies, and services not included in the CPT code set. All components of the Bariatric procedure are captured in the reporting of the associated CPT code. Unless otherwise stated in this document, there are no designated HCPCS Level II codes assigned to bariatric procedures.

CPT® CODE[2]	CODE DESCRIPTION	PHYSICIAN[3]	AMBULATORY SURGICAL CENTER[4]	HOSPITAL OUTPATIENT[4]
Diagnostic				
32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	Facility Only:$819	Inpatient only, not reimbursed for hospital outpatient or ASC	
32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	Facility Only:$817	Inpatient only, not reimbursed for hospital outpatient or ASC	
32098	Thoracotomy, with biopsy(ies) of pleura	Facility Only:$775	Inpatient only, not reimbursed for hospital outpatient or ASC	
32100	Thoracotomy; with exploration	Facility Only:$823	Inpatient only, not reimbursed for hospital outpatient or ASC	
32400	Biopsy, pleura; percutaneous needle	Facility: $86 Non-facility: $167	$594	$1,407
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	Facility Only:$951	Inpatient only, not reimbursed for hospital outpatient or ASC	
32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	Facility Only:$159	Inpatient only, not reimbursed for hospital outpatient or ASC	
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	Facility Only:$159	Inpatient only, not reimbursed for hospital outpatient or ASC	
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	Facility Only:$314	$2,306	$5,060
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	Facility Only:$487	$2,306	$5,060
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	Facility Only:$470	$2,306	$5,060

Medtronic

CPT® CODE[2]/ HCPCS CODE	CODE DESCRIPTION	PHYSICIAN[3]	AMBULATORY SURGICAL CENTER[4]	HOSPITAL OUTPATIENT[4]
Diagnostic, continued				
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	Facility Only: $313	$2,306	$5,060
32608	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	Facility Only: $386	$2,306	$5,060
32609	Thoracoscopy; with biopsy(ies) of pleura	Facility Only: $261	$2,306	$5,060
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	Facility Only: $888	Inpatient only, not reimbursed for hospital outpatient or ASC	
32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	Facility Only: $159	Inpatient only, not reimbursed for hospital outpatient or ASC	
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	Facility Only:$160	Inpatient only, not reimbursed for hospital outpatient or ASC	
Excision				
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear	Facility Only:$1,501	Inpatient only, not reimbursed for hospital outpatient or ASC	
32120	Thoracotomy; for postoperative complications	Facility Only:$892	Inpatient only, not reimbursed for hospital outpatient or ASC	
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	Facility Only:$1,011	Inpatient only, not reimbursed for hospital outpatient or ASC	
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	Facility Only:$1,553	Inpatient only, not reimbursed for hospital outpatient or ASC	
32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit	Facility Only:$1,027	Inpatient only, not reimbursed for hospital outpatient or ASC	
32151	Thoracotomy; with removal of intrapulmonary foreign body	Facility Only:$1,027	Inpatient only, not reimbursed for hospital outpatient or ASC	
32160	Thoracotomy; with cardiac massage	Facility Only:$813	Inpatient only, not reimbursed for hospital outpatient or ASC	
32440	Removal of lung, pneumonectomy;	Facility Only:$1,602	Inpatient only, not reimbursed for hospital outpatient or ASC	
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	Facility Only:$3,115	Inpatient only, not reimbursed for hospital outpatient or ASC	
32445	Removal of lung, pneumonectomy; extrapleural	Facility Only:$3,597	Inpatient only, not reimbursed for hospital outpatient or ASC	
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	Facility Only:$1,510	Inpatient only, not reimbursed for hospital outpatient or ASC	
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	Facility Only:$1,617	Inpatient only, not reimbursed for hospital outpatient or ASC	
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)	Facility Only:$1,463	Inpatient only, not reimbursed for hospital outpatient or ASC	
32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	Facility Only:$2,388	Inpatient only, not reimbursed for hospital outpatient or ASC	
32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	Facility Only:$2,438	Inpatient only, not reimbursed for hospital outpatient or ASC	

CPT® CODE[2]	CODE DESCRIPTION	PHYSICIAN[3]	AMBULATORY SURGICAL CENTER[4]	HOSPITAL OUTPATIENT[4]
32491	Removal of lung, other than pneumonectomy; with resectionplication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	Facility Only: $1,502	Inpatient only, not reimbursed for hospital outpatient or ASC	
+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. Use 32501 in conjunction with 32480, 32482, 32484.)	Facility Only: $248	Inpatient only, not reimbursed for hospital outpatient or ASC	
32505	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	Facility Only: $951	Inpatient only, not reimbursed for hospital outpatient or ASC	
32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	Facility Only: $159	Inpatient only, not reimbursed for hospital outpatient or ASC	
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	Facility Only: $159	Inpatient only, not reimbursed for hospital outpatient or ASC	
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	Facility Only: $681	Inpatient only, not reimbursed for hospital outpatient or ASC	
32651	Thoracoscopy, surgical; with partial pulmonary decortication	Facility Only: $1,118	Inpatient only, not reimbursed for hospital outpatient or ASC	
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	Facility Only: $1,694	Inpatient only, not reimbursed for hospital outpatient or ASC	
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	Facility Only: $1,082	Inpatient only, not reimbursed for hospital outpatient or ASC	
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	Facility Only: $1,179	Inpatient only, not reimbursed for hospital outpatient or ASC	
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	Facility Only: $977	Inpatient only, not reimbursed for hospital outpatient or ASC	
32656	Thoracoscopy, surgical; with parietal pleurectomy	Facility Only: $820	Inpatient only, not reimbursed for hospital outpatient or ASC	
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	Facility Only: $729	Inpatient only, not reimbursed for hospital outpatient or ASC	
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	Facility Only: $748	Inpatient only, not reimbursed for hospital outpatient or ASC	
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	Facility Only: $815	Inpatient only, not reimbursed for hospital outpatient or ASC	
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	Facility Only: $911	Inpatient only, not reimbursed for hospital outpatient or ASC	
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	Facility Only: $1,428	Inpatient only, not reimbursed for hospital outpatient or ASC	
32664	Thoracoscopy, surgical; with thoracic sympathectomy	Facility Only: $866	Inpatient only, not reimbursed for hospital outpatient or ASC	
32665	Thoracoscopy, surgical; with sophagomyotomy (Heller type)	Facility Only: $1,255	Inpatient only, not reimbursed for hospital outpatient or ASC	

CPT® CODE[2]	CODE DESCRIPTION	PHYSICIAN[3]	AMBULATORY SURGICAL CENTER[4]	HOSPITAL OUTPATIENT[4]
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	Facility Only: $888	Inpatient only, not reimbursed for hospital outpatient or ASC	
+32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral. (List separately in addition to code for primary procedure, Report 32667 only in conjunction with 32666.)	Facility Only: $159	Inpatient only, not reimbursed for hospital outpatient or ASC	
+32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure, Report 32668 in conjunction with 32440, 32442, 32445, 32480, 32482, 32484, 32486, 32488, 32503, 32504, 32663, 32669, 32670, 32671)	Facility Only: $160	Inpatient only, not reimbursed for hospital outpatient or ASC	
	Hernia			
32800	Repair lung hernia through chest wall	Facility Only: $968	Inpatient only, not reimbursed for hospital outpatient or ASC	
	Robotic Assistance			
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	NA	HCPCS II S-Codes cannot be reported to Medicare. They are used only by non-Medicare payers, which may cover and price them according to their own requirements.	

Reference:

[1]Centers for Medicare & Medicaid Services. Alpha-numeric HCPCS. https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update

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[3]Centers for Medicare & Medicaid Services. Medicare Program; CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Quality Payment Program; Coverage of Opioid Use Disorder Services Furnished by Opioid Treatment Programs; Medicare Enrollment of Opioid Treatment Programs; Electronic Prescribing for Controlled Substances for a Covered Part D Drug; Payment for Office/Outpatient Evaluation and Management Services; Hospital IQR Program; Establish New Code Categories; Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy; Coding and Payment for Virtual Check-in Services Interim Final Rule Policy; Coding and Payment for Personal Protective Equipment (PPE) Interim Final Rule Policy; Regulatory Revisions in Response to the Public Health Emergency (PHE) for COVID-19; and Finalization of Certain Provisions from the March 31st, May 8th and September 2nd Interim Final Rules in Response to the PHE for COVID-19; Final Rule, Federal Register (85 Fed. Reg. No. 248 84472- 85377) 42 CFR Parts 400, 410, 414, 415, 423, 424, and 425. https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf

[4]Centers for Medicare & Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; New Categories for Hospital Outpatient Department Prior Authorization Process; Clinical Laboratory Fee Schedule: Laboratory Date of Service Policy; Overall Hospital Quality Star Rating Methodology; Physician-owned Hospitals; Notice of Closure of Two Teaching Hospitals and Opportunity To Apply for Available Slots, Radiation Oncology Model; and Reporting Requirements for Hospitals and Critical Access Hospitals (CAHs) to Report COVID-19 Therapeutic Inventory and Usage and to Report Acute Respiratory Illness During the Public Health Emergency (PHE) for Coronavirus Disease 2019 (COVID-19); Final Rule, Federal Register (85 Fed. Reg. No.249 85866-86305) 42 CFR Parts 410, 411, 412, 414, 419, 482, 485 and 512. Addendum B, AA, BB. https://www.govinfo.gov/content/pkg/FR-2020-12-29/pdf/2020-26819.pdf

HOSPITAL INPATIENT PROCEDURE CODING

FOR THORACIC SURGERY LUNG PROCEDURES

ICD-10-PCS procedure codes[1] are used by hospitals to report surgeries and procedures performed in the inpatient setting. For the purposes of this guide, the focus of thoracic surgery is lung procedures. This specifically includes diagnostic biopsy, local and segmental excision, lobectomy, and pneumonectomy, performed primarily for lung tumors.

CHARACTER	DESCRIPTIO
1: Section	For surgical procedures of the lung, including both diagnostic and therapeutic procedures, the appropriate section is 0-Medical and Surgical.
2: Body System	The body system for lung procedures is B-Respiratory System.
3: Root Operation	The two main root operations for removal of lung tissue are B-Excision and T-Resection. By definition, B-Excision involves removing a portion of the body part and T-Resection involves removing the entire body part. For example, biopsy and local excision use B-Excision while lobectomy and pneumonectomy use T-Resection.[2] It is critical to be aware that physicians may use the term "resection" more broadly, for example in documenting a wedge "resection" or a segmental "resection" of lung. For coding purposes, however, wedge and segmental removal of tissue use root operation B-Excision, not root operation T-Resection. It's the coder's responsibility to determine what the physician's documentation equates to in terms of ICD-10-PCS definitions. The physician is not expected to document using ICD-10-PCS code descriptions, and the coder is not required to query the physician in these circumstances. Ablation of lung tissue uses root operation 5-Destruction.[2] A few other root operations may also be used depending on the procedure, for example root operation 9-Drainage for diagnostic bronchial alveolar lavage.
4: Body Part	On their given code tables, specific body part values are available for main bronchus and bronchi in various lobes, specific lobes of the lung, and entire lungs.
5: Approach	Lung procedures performed via sternotomy and thoracotomy use 0-Open. Procedures performed by transthoracic needle use 3-Percutaneous, those performed by bronchoscopy use 8-Via Natural or Artificial Opening Endoscopic, and those performed by thoracoscopy use 4-Percutaneous Endoscopic.
6: Device	The device character refers to devices that remain in the patient's body after the procedure is completed, eg, implanted devices. For removal of tissue, there are rarely implanted devices so Z-No Device is typically used.
7: Qualifier	Qualifiers add further information to the code. Qualifier X-Diagnostic is used to identify biopsies.[2] For therapeutic procedures, the most common qualifier is Z-No Qualifier. This means that the same code can be used for both biopsy and removal of the same lung tumor, with only the different qualifier values identifying if the procedure was a diagnostic biopsy or a therapeutic excision.

SECTION	**0**	Medical And Surgical
BODY SYSTEM	**B**	Respiratory System
OPERATION	**B**	Excision: Cutting out or off, without replacement, a portion of a body part

BODY	APPROAC	DEVICE	QUALIFIER
1 Trachea **2** Carina **3** Main Bronchus, Right **4** Upper Lobe Bronchus, Right **5** Middle Lobe Bronchus, Right **6** Lower Lobe Bronchus, Right **7** Main Bronchus, Left **8** Upper Lobe Bronchus, Left **9** Lingula Bronchus **B** Lower Lobe Bronchus, Left **C** Upper Lung Lobe, Right **D** Middle Lung Lobe, Right **F** Lower Lung Lobe, Right **G** Upper Lung Lobe, Left **H** Lung Lingula **J** Lower Lung Lobe, Left **K** Lung, Right **L** Lung, Left **M** Lungs, Bilateral	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic **7** Via Natural or Artificial Opening **8** Via Natural or Artificial Opening Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier
N Pleura, Right **P** Pleura, Left **R** Diaphragm, Right **S** Diaphragm, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**Z** No Device	**X** Diagnostic **Z** No Qualifier

Examples

- **Excision of endobronchial tumor, left upper lobe, performed by bronchoscopy**

0BB88ZZ Excision of left upper lobe bronchus, via natural or artificial opening endoscopic

- **Endoscopic transbronchial needle aspiration biopsy of right lung**

0BBK8ZX Excision of right lung, via natural or artificial opening endoscopic, diagnostic

- **Transthoracic needle aspiration biopsy of right lung**

0BBK3ZX Excision of right lung, percutaneous approach, diagnostic

SECTION 0 Medical And Surgical BODY SYSTEM B Respiratory System OPERATION T Resection: Cutting out or off, without replacement, all of a body part			
BODY	**APPROAC**	**DEVICE**	**QUALIFIER**
1 Trachea **2** Carina **3** Main Bronchus, Right **4** Upper Lobe Bronchus, Right **5** Middle Lobe Bronchus, Right **6** Lower Lobe Bronchus, Right **7** Main Bronchus, Left **8** Upper Lobe Bronchus, Left **9** Lingula Bronchus **B** Lower Lobe Bronchus, Left **C** Upper Lung Lobe, Right **D** Middle Lung Lobe, Right **F** Lower Lung Lobe, Right **G** Upper Lung Lobe, Left **H** Lung Lingula **J** Lower Lung Lobe, Left **K** Lung, Right **L** Lung, Left **M** Lungs, Bilateral **R** Diaphragm, Right **S** Diaphragm, Left	**0** Open **4** Percutaneous Endoscopic	**Z** No Device	**Z** No Qualifier

Example

- **Right lower lobectomy by thoracoscopy**

0BTF4ZZ Excision of left upper lobe bronchus, via natural or artificial opening endoscopic

SECTION	**0**	Medical And Surgical
BODY SYSTEM	**B**	Respiratory System
OPERATION	**5**	Resection: Cutting out or off, without replacement, all of a body part

BODY	APPROAC	DEVICE	QUALIFIER
1 Trachea **2** Carina **3** Main Bronchus, Right **4** Upper Lobe Bronchus, Right **5** Middle Lobe Bronchus, Right **6** Lower Lobe Bronchus, Right **7** Main Bronchus, Left **8** Upper Lobe Bronchus, Left **9** Lingula Bronchus **B** Lower Lobe Bronchus, Left **C** Upper Lung Lobe, Right **D** Middle Lung Lobe, Right **F** Lower Lung Lobe, Right **G** Upper Lung Lobe, Left **H** Lung Lingula **J** Lower Lung Lobe, Left **K** Lung, Right **L** Lung, Left **M** Lungs, Bilateral **R** Diaphragm, Right **S** Diaphragm, Left	**0** Open **4** Percutaneous Endoscopic	**Z** No Device	**Z** No Qualifier

Example

- **Thoracoscopic ablation of left lower lobe lung tumor**

0B5J4ZZ Destruction of left lower lung lobe, percutaneous endoscopicapproach

Reference:

[1] ICD-10-PCS: Department of Health and Human Services, Centers for Medicare & Medicaid Services. International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). https://www.cms.gov/medicare/icd-10/2021-icd-10-pcs

HOSPITAL INPATIENT DRGS FOR THORACIC SURGERY

DRG Assignment FY2021—effective October 1, 2020

Under Medicare's MS-DRG methodology for hospital inpatient payment, each inpatient stay is assigned to one of about 750 diagnosis-related groups, based on the ICD-10 codes assigned to the diagnoses and procedures. Only one MS-DRG is assigned for each inpatient stay, regardless of the number of procedures performed. MS- DRGs shown are those typically assigned to the following scenarios when the patient is admitted specifically for the procedure.

MS-DRG[3]	DESCRIPTION	MEDICARE NATIONAL AVERAGE
Wedge and Segmental Excision, Lobectomy, Pneumonectomy, Lung Ablation, open Biopsy, and Lung Excision and Bronchus		
163	Major Chest Procedures W MCC	$31,628
164	Major Chest Procedures W CC	$16,825
165	Major Chest Procedures W/O CC/MCC	$12,199
Other Lung Biopsy		
166	Other Respiratory System O.R. Procedures W MCC	$24,170
167	Other Respiratory System O.R. Procedures W CC	$11,870
168	Other Respiratory System O.R. Procedures W/O CC/MCC	$8,728

Reference:

[1]Centers for Medicare & Medicaid Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Final Policy Changes and Fiscal Year 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals; Final Rule, Federal Register (85 Fed Reg. No. 182 58432 – 59107) 42 CFR Parts 405, 412, 413, 417, 476, 480, 484, and 495. https://www.federalregister.gov/documents/2020/09/18/2020-19637/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the

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