

# 2024 Billing and Coding Guide

## Thoracic surgery

This guide is intended to aid providers in appropriate procedure code selection for thoracic surgery procedures. The document reflects applicable and commonly billed procedure codes as well as the unadjusted national Medicare average rates assigned to the CPT®<sup>1</sup> code. This document is not all-inclusive, nor does it replace advice from your coding and compliance departments and/or CPT®<sup>1</sup> coding manuals.

### HCPCS<sup>2</sup> II codes

Level II HCPCS<sup>2</sup> codes are primarily used to report supplies, drugs and implants that are not reported by a CPT®<sup>1</sup> code. HCPCS codes are reported by the physician, hospital or DME provider that purchased the item, device, or supply. Different payers have different payment methods for these items.

HCPCS II S-codes cannot be reported to Medicare. They are used only by non-Medicare payers, which cover and price them according to their own policies and provider contracts.


Medicare provides C-codes, a type of HCPCS II code, for hospital use in billing Medicare for some medical devices and supplies in the hospital outpatient setting. Medtronic has a tool specifically designed to access applicable commonly used C-codes as it relates to Medtronic products. The C-code finder can be accessed at [www.medtronic.com/c-code](http://www.medtronic.com/c-code) or by clicking the C-code finder button.



HCPCS <sup>2</sup> code	Description
A4649	Surgical supply; miscellaneous
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)

# Procedure reimbursement

CPT® <sup>1</sup> code	Description	Physician <sup>3</sup>				Hospital outpatient <sup>4</sup>			Ambulatory surgery <sup>4</sup>	
		Global days	Work RVU	Office rate	Facility rate	APC	SI	Rate	PI	Rate
<b>Thoracotomy (open) diagnostic</b>										
32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	090	13.75	NA	\$777			Inpatient only		
32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	090	13.75	NA	\$778			Inpatient only		
32098	Thoracotomy, with biopsy(ies) of pleura	090	12.91	NA	\$736			Inpatient only		
32400	Biopsy, pleura, percutaneous needle	000	1.76	\$165	\$81	5072	J1	\$1,545 <sup>†</sup>	A2	\$683
<b>Thoracotomy (open) incisional interventions</b>										
32100	Thoracotomy; with exploration	090	13.75	NA	\$788			Inpatient only		
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear	090	25.28	NA	\$1,435			Inpatient only		
32120	Thoracotomy; for postoperative complications	090	14.39	NA	\$849			Inpatient only		
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	090	27.18	NA	\$1,471			Inpatient only		
32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit	090	16.82	NA	\$990			Inpatient only		
32160	Thoracotomy; with cardiac massage	090	13.1	NA	\$777			Inpatient only		
<b>Thoracotomy (open) lung resections: bilobectomy, lobectomy, segmentectomy, and pneumonectomy</b>										
32440	Removal of lung, pneumonectomy	090	27.28	NA	\$1,519			Inpatient only		
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	090	56.47	NA	\$2,941			Inpatient only		
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	090	25.82	NA	\$1,432			Inpatient only		
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	090	27.44	NA	\$1,531			Inpatient only		
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)	090	25.38	NA	\$1,386			Inpatient only		
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)	ZZZ	4.68	NA	\$234			Inpatient only		

 Please refer to page 4 for footnotes

# Procedure reimbursement

CPT <sup>®1</sup> code	Description	Physician <sup>3</sup>				Hospital outpatient <sup>4</sup>			Ambulatory surgery <sup>4</sup>	
		Global days	Work RVU	Office rate	Facility rate	APC	SI	Rate	PI	Rate
<b>Thoracotomy (open) wedge resection and empyemectomy</b>										
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	090	15.75	NA	\$904					Inpatient only
+32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	ZZZ	3	NA	\$150					Inpatient only
+32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	ZZZ	3	NA	\$150					Inpatient only
32540	Extrapleural enucleation of empyema (empyemectomy)	090	30.35	NA	\$1,673					Inpatient only
<b>Thoracoscopic (VATS) diagnostic</b>										
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	000	5.5	NA	\$298	5361	J1	\$5,498 <sup>†</sup>	NA	NA
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	000	8.39	NA	\$445	5361	J1	\$5,498 <sup>†</sup>	NA	NA
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional, unilateral)	000	5.5	NA	\$297	5362	J1	\$9,808 <sup>†</sup>	NA	NA
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	000	6.84	NA	\$365	5362	J1	\$9,808 <sup>†</sup>	NA	NA
32609	Thoracoscopy; with biopsy(ies) of pleura	000	4.58	NA	\$247	5361	J1	\$5,498 <sup>†</sup>	NA	NA
<b>Thoracoscopic (VATS) incisional and excisional procedures</b>										
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	090	10.83	NA	\$651					Inpatient only
32651	Thoracoscopy, surgical; with partial pulmonary decortication	090	18.78	NA	\$1,062					Inpatient only
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	090	29.13	NA	\$1,609					Inpatient only
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	090	18.17	NA	\$1,026					Inpatient only
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	090	20.52	NA	\$1,146					Inpatient only
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	090	16.17	NA	\$929					Inpatient only
32656	Thoracoscopy, surgical; with parietal pleurectomy	090	13.26	NA	\$781					Inpatient only
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	090	11.94	NA	\$715					Inpatient only
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	090	14.99	NA	\$869					Inpatient only

 Please refer to page 4 for footnotes

# Procedure reimbursement

CPT <sup>®1</sup> code	Description	Physician <sup>3</sup>				Hospital outpatient <sup>4</sup>			Ambulatory surgery <sup>4</sup>	
		Global days	Work RVU	Office rate	Facility rate	APC	SI	Rate	PI	Rate
Thoracoscopic (VATS) lung resection: lobectomy, bilobectomy, segmentectomy, and pneumonectomy										
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	090	24.64	NA	\$1,352			Inpatient only		
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	090	23.53	NA	\$1,298			Inpatient only		
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	090	28.52	NA	\$1,546			Inpatient only		
32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)	090	31.92	NA	\$1,711			Inpatient only		
Thoracoscopic (VATS) wedge resection										
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	090	14.5	NA	\$845			Inpatient only		
+32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	ZZZ	3	NA	\$150			Inpatient only		
+32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	ZZZ	3	NA	\$150			Inpatient only		

## Footnotes

- NA Indicates that there is no established Medicare allowable in this site of care
- SI Indicates Status Indicator
- PI Indicates Payment Indicator
- + Add-on codes are always listed in addition to the primary procedure code
- † Comprehensive APCs (C-APCs)
- ¶ Device intensive
- § Packaged Payment
- RVU Indicates Relative Value Unit

 Please refer to page 4 for footnotes

## Hospital Inpatient procedure coding

ICD-10-PCS<sup>5</sup> procedure codes 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.

ICD-10-PCS <sup>5</sup>	Description
<b>Thoracotomy (open) pneumonectomy</b>	
0BTK0ZZ	Resection of Right Lung, Open Approach
0BTM0ZZ	Resection of Bilateral Lungs, Open Approach
<b>Thoracoscopic (VATS) lobectomy</b>	
0BT54ZZ	Resection of Right Middle Lobe Bronchus, Percutaneous Endoscopic Approach
0BTC4ZZ	Resection of Right Upper Lung Lobe, Percutaneous Endoscopic Approach
<b>Thoracoscopic (VATS) segmentectomy, wedge resection</b>	
0BBC4ZZ	Excision of Right Upper Lung Lobe, Percutaneous Endoscopic Approach
0BBG4ZZ	Excision of Left Upper Lung Lobe, Percutaneous Endoscopic Approach

## Hospital Inpatient Medicare reimbursement

Under Medicare’s MS-DRG<sup>6</sup> 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. Each MS-DRG has a relative weight that is then converted to a flat payment amount. Only one MS-DRG is assigned for each inpatient stay, regardless of the number of procedures performed.

The DRGs below are typically assigned for procedures related to thoracic surgery.

MS-DRG <sup>6</sup>	Description	Rate
<b>Lung resection</b>		
163	Major Chest Procedures W MCC	\$33,003
164	Major Chest Procedures W CC	\$17,857
165	Major Chest Procedures W/O CC/MCC	\$13,138
<b>Other lung surgery</b>		
166	Other Respiratory System O.R. Procedures W MCC	\$28,411
167	Other Respiratory System O.R. Procedures W CC	\$12,742
168	Other Respiratory System O.R. Procedures W/O CC/MCC	\$9,492

# References

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2. Centers for Medicare and Medicaid Services. Healthcare Common Procedure Coding System (HCPCS) Quarterly Update. <https://www.cms.gov/medicare/coding/hcpcsreleasecodesets/hcpcs-quarterly-update>. Accessed January 10, 2024
3. Centers for Medicare and Medicaid Services. Medicare Program; CY 2023 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Federal Register (88 Fed. Reg. No. 220 78818-80047) <https://www.govinfo.gov/content/pkg/FR-2023-11-16/pdf/2023-24184.pdf>. 2024 National Physician Fee Schedule Relative Value File January Release <https://www.cms.gov/medicare/payment/fee-schedules/physician/pfs-relative-value-files/rvu24a>. Published Jan 3, 2024
4. Centers for Medicare and Medicaid Services. Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Final Rule, Federal Register (88 Fed. Reg. No. 224 81540-82185), <https://www.govinfo.gov/content/pkg/FR-2023-11-22/pdf/2023-24293.pdf>. Published November 22, 2023. January 2024 ASC Approved HCPCS Code and Payment Rates. [https://www.cms.gov/medicare/medicare-fee-for-service-payment/ascpayment/11\\_addenda\\_updates](https://www.cms.gov/medicare/medicare-fee-for-service-payment/ascpayment/11_addenda_updates). Published December 27, 2023.
5. Centers for Medicare and Medicaid Services. International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-pcs>. Accessed January 10, 2024
6. Centers for Medicare and Medicaid Services. Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2022 Rates; Final Rule, Federal Register (88 Fed. Reg. No. 165 58640-59438), <https://www.govinfo.gov/content/pkg/FR-2023-08-28/pdf/2023-16252.pdf>. Published August 28, 2023.

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# Resources

Medtronic Reimbursement Support is available to assist you with your coding and reimbursement questions. If your coding or reimbursement questions were not answered in this guide, please check out these additional resources:



Visit our website: <https://www.medtronic.com/covidien/en-us/support/reimbursement.html>



Email us: [rs.MedtronicMedicalSurgicalReimbursement@medtronic.com](mailto:rs.MedtronicMedicalSurgicalReimbursement@medtronic.com)

**C-code Finder**