

2009 Lung Volume Reduction Surgery Reimbursement Fact Sheet

SURGEON CPT CODE ¹	PROCEDURE	NATIONAL AVERAGE MEDICARE PAYMENT ²
32491	Removal of lung, other than total pneumonectomy; excision-plectomy of emphysematous lung(s) (bulbous or non bulbous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure.	\$1,441
32655	Thoracoscopy, surgical; with excision-plectomy of bullae, including any pleural procedure	911
32663	Thoracoscopy, surgical; with lobectomy, total or segmental	1,353
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	303

OUTPATIENT FACILITY

Hospital Outpatient Department

APC	APC DESCRIPTION	MEDICARE PAYMENT ³
0423	Level II Percutaneous Abdominal and Biliary Procedures (CPT code: 32998)	\$3,072

INPATIENT FACILITY

ICD-9 CODE ⁴	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) ⁵	NATIONAL AVERAGE DRG PAYMENT ⁵
163	Major chest procedures with MCC	15.0	\$27,072
164	Major chest procedures with CC	8.1	14,058
165	Major chest procedures without CC/MCC	5.1	9,770

¹ All Current Procedural Terminology (CPT) five-digit numeric codes, descriptions, numeric modifiers, instructions, guidelines, and other material are copyright 2008 American Medical Association. All Rights Reserved.

² Federal Register, Vol. 73, No. 223, Wednesday, November 19, 2008/Rules and Regulations. The Physician Reimbursement Conversion Factor = \$36.0666, Federal Register/ page 69726.

³ Federal Register, Vol. 73, No. 223, Tuesday, November 18, 2008/ Rules and Regulations; 2009 Hospital Outpatient Payment.

⁴ Ingenix® 2009 ICD-9-CM for Hospitals-Volumes 1, 2, & 3.

⁵ Federal Register, Vol. 73, No. 161, August 19, 2008/ Rules and Regulations; 2009 National Average DRG Payment.

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

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