

# 2019 coding and payment information

## Pleural effusions and ascites management

The information contained in this document, including the codes supplied, is provided for informational purposes only. BD makes no statement, promise or guarantee concerning the appropriateness of any codes for a particular procedure, actual levels of reimbursement, payment or charge or that reimbursement will be made.

This is not intended to be a comprehensive guide to all coding and payment information.

Reimbursement rates shown are Medicare national payments for 2019 and do not reflect actual payments made to individual providers, as payments are adjusted specific to particular geographic regions.

All information is subject to change without notice. In addition, payers or local carriers may have their own coding and billing requirements. Consult your payer organization with regard to local reimbursement policies.



2019 Medicare outpatient facility rates					
CPT® code	Description	APC	Status	2019 APC OPPS base rate*	2019 ASC base rate
Pleural catheter procedures					
32550	Insertion of indwelling tunneled pleural catheter	5341	J1	\$2,947	\$1,790
32552	Removal of indwelling tunneled pleural catheter with cuff	5181	Q2	\$620	\$319
32560	Instillation via chest tube/catheter, agent for pleurodesis	5181	T	\$620	N/A
32650	Thoracoscopy, surgical, with pleurodesis (e.g., mechanical or chemical)	N/A; inpatient procedure			
Peritoneal catheter procedures					
49418	Insertion of tunneled intraperitoneal catheter (e.g., dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed and radiological supervision and interpretation, percutaneous	5341	J1	\$2,947	\$1,343
49422	Removal of tunneled intraperitoneal catheter	5183	Q2	\$2,642	\$1,305
Shunt procedures					
49425	Insertion of peritoneal-venous shunt	N/A; inpatient procedure			
49426	Revision of peritoneal-venous shunt	5341	J1	\$2,947	\$1,343
49429	Removal of peritoneal-venous shunt	5183	Q2	\$2,642	\$1,305
49999	Unlisted procedure, abdomen, peritoneum and omentum (report this code for Denver™ Pleuroperitoneal Shunt procedures)	5301	T	\$762	N/A
Drainage procedures					
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	5181	T	\$620	\$319
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	5181	T	\$620	\$319
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	5302	J1	\$1,483	\$642
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	5182	T	\$1,094	\$563
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	5301	T	\$762	\$392
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	5301	T	\$762	\$392
Guidance					
75989	Radiological guidance (i.e., fluoroscopy, ultrasound or computed tomography), for percutaneous drainage (e.g., abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	N/A	N	Packaged	Packaged
77002	Fluoroscopic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device)	N/A	N	Packaged	Packaged
77012	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation	N/A	N	Packaged	Packaged
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	N/A	N	Packaged	Packaged
Status indicator definitions		HCPCS device codes			
J1: Paid under OPPS; all covered Part B services on the claim are packaged with the primary “J1” service for the claim, except services with OPPS SI=F, G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services. T: Significant procedure, multiple reduction applies. Q2: Items and services packaged into APC rates.		C1729		Catheter, drainage	
		C1894		Introducers/sheath	
		C1769		Guidewire	

**Note:** Do not report 32554–32557 in conjunction with 32550, 32551, 76942, 77002, 77012, 77021 and 75989. Imaging guidance codes should be reported in addition to the primary procedure code where appropriate.

\*Ambulatory Payment Classifications (APC), Medicare Outpatient Prospective Payment System (OPPS)

2019 Medicare physician rates				
CPT code	Description	Work RVUs	2019 physician facility rate	2019 physician non-facility rate
Pleural catheter procedures				
32550	Insertion of indwelling tunneled pleural catheter	3.92	\$216	\$767
32552	Removal of indwelling tunneled pleural catheter with cuff	2.53	\$164	\$190
32560	Instillation via chest tube/catheter, agent for pleurodesis	1.54	\$81	\$258
32650	Thoracoscopy, surgical, with pleurodesis (e.g., mechanical or chemical)	10.83	\$692	N/A
Peritoneal catheter procedures				
49418	Insertion of tunneled intraperitoneal catheter (e.g., dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed and radiological supervision and interpretation, percutaneous	3.96	\$212	\$1,302
49422	Removal of permanent intraperitoneal cannula or catheter	4.00	\$233	N/A
Shunt procedures				
49425	Insertion of peritoneal-venous shunt	12.22	\$751	N/A
49426	Revision of peritoneal-venous shunt	10.41	\$644	N/A
49429	Removal of peritoneal-venous shunt	7.44	\$479	N/A
49999	Unlisted procedure, abdomen, peritoneum and omentum (report this code for Denver™ Pleuroperitoneal Shunt procedures)	N/A	Carrier-priced	Carrier-priced
Drainage procedures				
32554	Thoracentesis; needle or catheter; aspiration of the pleural space; without imaging guidance	1.82	\$93	\$217
32555	Thoracentesis; needle or catheter; aspiration of the pleural space; with imaging guidance	2.27	\$116	\$307
32556	Pleural drainage; percutaneous; with insertion of indwelling catheter; without imaging guidance	2.50	\$128	\$627
32557	Pleural drainage; percutaneous; with insertion of indwelling catheter; with imaging guidance	3.12	\$158	\$578
49082	Abdominal paracentesis (diagnostic or therapeutic); without image guidance	1.24	\$76	\$204
49083	Abdominal paracentesis (diagnostic or therapeutic); with image guidance	2.00	\$112	\$304
Guidance		With –26 modifier		
75989	Radiological guidance (i.e., fluoroscopy, ultrasound or computed tomography), for percutaneous drainage (e.g., abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	1.19	\$59	\$123

**Note:** Do not report 32554-32555 with 75989, 76942, 77002, 77012 or 77021. In addition, these codes should not be reported with 32550 and 32551 when procedures are performed on the same side of the chest.

Current Procedural Terminology (CPT®) copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to government use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the American Medical Association, are not part of CPT and the American Medical Association is not recommending their use. The American Medical Association does not directly or indirectly practice medicine or dispense medical services. The American Medical Association assumes no liability for data contained or not contained herein.

## 2019 Medicare diagnostic-related groups (DRG) base rates

DRG	Description	2019 Medicare DRG base rate
166	Respiratory system OR procedures w/MCC	\$19,750
168	Respiratory system OR procedures w/o CC/MCC	\$7,575
181	Respiratory neoplasms w/CC	\$6,442
186	Pleural effusion w/MCC	\$8,805
187	Pleural effusion w/CC	\$5,951
188	Pleural effusion w/o CC/MCC	\$4,332
356	Other digestive system OR procedures w/MCC	\$22,447
357	Other digestive system OR procedures w/CC	\$12,064
358	Other digestive system OR procedures w/o CC/MCC	\$7,613
405	Pancreas, liver and shunt procedures w/MCC	\$30,371
406	Pancreas, liver and shunt procedures w/CC	\$15,993
407	Pancreas, liver and shunt procedures w/o CC/MCC	\$11,331
814	Reticuloendothelial and immunity disorders w/MCC	\$9,389
815	Reticuloendothelial and immunity disorders w/CC	\$5,520
816	Reticuloendothelial and immunity disorders w/o CC/MCC	\$4,074
947	Signs and symptoms w/MCC	\$6,807
948	Signs and symptoms w/o MCC	\$4,405

Source—cms.gov

## 2019 ICD-10-CS Drainage procedures

Conversions between ICD-9-CM codes and ICD-10-PCS codes may require clinical interpretation in order to determine the most appropriate conversion code(s) for your specific coding situation. Please consult the medical record to assign appropriate codes. This is not an all-inclusive list; please consult the 2019 ICD-10-PCS Codebook for a complete list of codes.

### 34.04 Insertion of intercostal catheter for drainage

Code	Description
0W9930Z	Drainage of right pleural cavity with drainage device, percutaneous approach
0W9940Z	Drainage of right pleural cavity with drainage device, percutaneous endoscopic approach
0W9B30Z	Drainage of left pleural cavity with drainage device, percutaneous approach
0W9B40Z	Drainage of left pleural cavity with drainage device, percutaneous endoscopic approach

### 34.21 Transpleural thoracoscopy

Code	Description
0BJ04ZZ	Inspection of tracheobronchial tree, percutaneous endoscopic approach
0WJQ4ZZ	Inspection of respiratory tract, percutaneous endoscopic approach
0WJ94ZZ	Inspection of right pleural cavity, percutaneous endoscopic approach
0WJB4ZZ	Inspection of left pleural cavity, percutaneous endoscopic approach

### 34.92 Injection into thoracic cavity

Code	Description
3E0L3GC	Introduction of other therapeutic substance into pleural cavity, percutaneous approach
3E0L3TZ	Introduction of destructive agent into pleural cavity, percutaneous approach

### 34.91 Thoracentesis

Code	Description
0W993ZZ	Drainage of right pleural cavity, percutaneous approach
0W9B3ZZ	Drainage of left pleural cavity, percutaneous approach

### 97.41 Removal of thoracotomy tube or pleural cavity drain

Code	Description
0WP9X0Z	Removal of drainage device from right pleural cavity, external approach
0WPBX0Z	Removal of drainage device from left pleural cavity, external approach
0WPGX0Z	Removal of drainage device from peritoneal cavity, external approach

54.91 Percutaneous abdominal drainage; paracentesis	
Code	Description
Drainage of omentum code range 0D9S–0D9T	
0D9S30Z	Drainage of greater omentum with drainage device, percutaneous approach
0D9S3ZZ	Drainage of greater omentum, percutaneous approach
0D9S40Z	Drainage of greater omentum with drainage device, percutaneous endoscopic approach
0D9S4ZZ	Drainage of greater omentum, percutaneous endoscopic approach
0D9T30Z	Drainage of lesser omentum with drainage device, percutaneous approach
0D9T3ZZ	Drainage of lesser omentum, percutaneous approach
0D9T40Z	Drainage of lesser omentum with drainage device, percutaneous endoscopic approach
0D9T4ZZ	Drainage of lesser omentum, percutaneous endoscopic approach
Drainage of mesentery codes 0D9V	
0D9V30Z	Drainage of mesentery with drainage device, percutaneous approach
0D9V3ZZ	Drainage of mesentery, percutaneous approach
0D9V40Z	Drainage of mesentery with drainage device, percutaneous endoscopic approach
0D9V4ZZ	Drainage of mesentery, percutaneous endoscopic approach
Drainage of peritoneum codes 0D9W	
0D9W30Z	Drainage of peritoneum with drainage device, percutaneous approach
0D9W3ZZ	Drainage of peritoneum, percutaneous approach
0D9W40Z	Drainage of peritoneum with drainage device, percutaneous endoscopic approach
0D9W4ZZ	Drainage of peritoneum, percutaneous endoscopic approach
Drainage of abdominal wall codes 0W9F	
0W9F30Z	Drainage of abdominal wall with drainage device, percutaneous approach
0W9F3ZZ	Drainage of abdominal wall, percutaneous approach
0W9F40Z	Drainage of abdominal wall with drainage device, percutaneous endoscopic approach
0W9F4ZZ	Drainage of abdominal wall, percutaneous endoscopic approach

54.91 Percutaneous abdominal drainage; paracentesis	
Code	Description
Drainage of peritoneal cavity codes 0W9G	
0W9G30Z	Drainage of peritoneal cavity with drainage device, percutaneous approach
0W9G3ZZ	Drainage of peritoneal cavity, percutaneous approach
0W9G3ZX	Drainage of peritoneal cavity, percutaneous approach, diagnostic
0W9G40Z	Drainage of peritoneal cavity with drainage device, percutaneous endoscopic approach
0W9G4ZZ	Drainage of peritoneal cavity, percutaneous endoscopic approach
0W9G4ZX	Drainage of peritoneal cavity, percutaneous endoscopic approach, diagnostic
Drainage of pelvic cavity codes 0W9J3	
0W9J30Z	Drainage of pelvic cavity with drainage device, percutaneous approach
0W9J3ZZ	Drainage of pelvic cavity, percutaneous approach
0W9J3ZX	Drainage of pelvic cavity, percutaneous approach, diagnostic
54.94 Creation of peritoneovascular shunt	
Code	Description
0W1G0JY	Bypass peritoneal cavity to lower vein with synthetic substitute, open approach
0W1G4JY	Bypass peritoneal cavity to lower vein with synthetic substitute, percutaneous endoscopic approach
54.95 Incision of peritoneum	
Code	Description
Drainage of pelvic cavity codes 0W9J	
0W9J00Z	Drainage of pelvic cavity with drainage device, open approach
0W9J0ZZ	Drainage of pelvic cavity, open approach
0W9J40Z	Drainage of pelvic cavity with drainage device, percutaneous endoscopic approach
0W9J4ZZ	Drainage of pelvic cavity, percutaneous endoscopic approach
Revision of drainage device or synthetic substitute in peritoneal cavity codes 0WWG	
0WWG00Z	Revision of drainage device in peritoneal cavity, open approach
0WWG0JZ	Revision of synthetic substitute in peritoneal cavity, open approach
0WWG30Z	Revision of drainage device in peritoneal cavity, percutaneous approach
0WWG3JZ	Revision of synthetic substitute in peritoneal cavity, percutaneous approach
0WWG40Z	Revision of drainage device in peritoneal cavity, percutaneous endoscopic approach
0WWG4JZ	Revision of synthetic substitute in peritoneal cavity, percutaneous endoscopic approach

54.99 Other operations of abdominal region	
Code	Description
<b>Repair greater or lesser omentum code range 0DQs–0DQT</b>	
0DQS0ZZ	Repair greater omentum, open approach
0DQS3ZZ	Repair greater omentum, percutaneous approach
0DQS4ZZ	Repair greater omentum, percutaneous endoscopic approach
0DQT0ZZ	Repair lesser omentum, open approach
0DQT3ZZ	Repair lesser omentum, percutaneous approach
0DQT4ZZ	Repair lesser omentum, percutaneous endoscopic approach
<b>Repair mesentery codes 0DQV</b>	
0DQV0ZZ	Repair mesentery, open approach
0DQV3ZZ	Repair mesentery, percutaneous approach
0DQV4ZZ	Repair mesentery, percutaneous endoscopic approach
<b>Repair peritoneum codes 0DQW</b>	
0DQW0ZZ	Repair peritoneum, open approach
0DQW3ZZ	Repair peritoneum, percutaneous approach
0DQW4ZZ	Repair peritoneum, percutaneous endoscopic approach
<b>Bypass to pelvic cavity to lower vein codes 0W1J</b>	
0W1J0JY	Bypass pelvic cavity to lower vein with synthetic substitute, open approach
0W1J4JY	Bypass pelvic cavity to lower vein with synthetic substitute, percutaneous endoscopic approach
<b>Repair abdominal wall codes 0WQF</b>	
0WQF0ZZ	Repair abdominal wall, open approach
0WQF3ZZ	Repair abdominal wall, percutaneous approach
0WQF4ZZ	Repair abdominal wall, percutaneous endoscopic approach
0WQFXZZ	Repair abdominal wall, external approach

Current Procedural Terminology (CPT®) copyright 2018 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to government use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the American Medical Association, are not part of CPT and the American Medical Association is not recommending their use. The American Medical Association does not directly or indirectly practice medicine or dispense medical services. The American Medical Association assumes no liability for data contained or not contained herein.

BD, Vernon Hills, IL, 60061, U.S.

**bd.com**

BD, the BD Logo and Denver are trademarks of Becton, Dickinson and Company or its affiliates. All other trademarks are the property of their respective owners.  
© 2019 BD. All rights reserved. PPA192212 (0719/pdf)

97.82 Removal of peritoneal drainage device	
Code	Description
0WPGX0Z	Removal of drainage device from peritoneal cavity, external approach
<b>34.05 Creation of pleuroperitoneal shunt</b>	
Code	Description
0W190JG	Bypass right pleural cavity to peritoneal cavity with synthetic substitute, open approach
0W194JG	Bypass right pleural cavity to peritoneal cavity with synthetic substitute, percutaneous endoscopic approach
0W1B0JG	Bypass left pleural cavity to peritoneal cavity with synthetic substitute, open approach
0W1B4JG	Bypass left pleural cavity to peritoneal cavity with synthetic substitute, percutaneous endoscopic approach
HCPCS code	
Code	Description
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each

For more information, contact your sales representative or call Customer Service at **800.323.9088**.

