

**Davol**  
2012 Medicare Final Rule National Average Payments

Procedure	CPT Code	Description	Physician Payment						Outpatient Hospital			Ambulatory Surgery Center			ICD-9 Procedure Code	MS-DRG Description	Nat'l Avg. Payment		
			Global: In-office (technical + professional components)			Professional Component			APC Payment			ASC Payment					2011	2012	% Change
			2011	2012	% Change	2011	2012	% Change	2011	2012	% Change	2011	2012	% Change					
<b>Hernia Repair</b>																			
	49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible				\$276	\$406	47.1%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%	53.0-53.17 53.9 53.51 53.61	350 - Inguinal and Femoral Hernia Procedures with MCC 351 - Inguinal and Femoral Hernia Procedures with CC 352 - Inguinal and Femoral Hernia Procedures without CC/MCC 353 - Hernia Procedures Except Inguinal and Femoral with MCC 354 - Hernia Procedures Except Inguinal and Femoral with CC 355 - Hernia Procedures Except Inguinal and Femoral without CC/MCC N/A Inclusive to main procedure DRG	\$12,846	\$13,132	2.2%
	49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated				\$589	\$599	1.7%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%			\$6,992	\$7,209	3.1%
	49505	Repair initial inguinal hernia, age 5 years or older; reducible				\$507	\$516	1.8%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%			\$4,456	\$4,493	0.8%
	49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated				\$624	\$583	-6.6%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%			\$14,206	\$14,813	4.3%
	49520	Repair recurrent inguinal hernia, any age; reducible				\$618	\$627	1.5%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%			\$8,016	\$8,175	2.0%
	49560	Repair initial incisional or ventral hernia; reducible				\$723	\$731	1.1%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%			\$5,334	\$5,597	4.9%
	49561	Repair initial incisional or ventral hernia; incarcerated or strangulated				\$913	\$923	1.1%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%					
	49565	Repair recurrent incisional or ventral hernia; reducible				\$753	\$762	1.2%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%					
	49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated				\$923	\$933	1.1%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%					
	49568	Implantation of mesh or other prosthesis for incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)				\$266	\$267	0.4%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%			N/A		
	49580	Repair umbilical hernia, younger than age 5 years; reducible				\$319	\$329	3.1%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%					
	49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated				\$468	\$478	2.1%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%	53.51	353 - Hernia Procedures Except Inguinal and Femoral with MCC	\$14,206	\$14,813	4.3%
	49585	Repair umbilical hernia, age 5 years or older; reducible				\$432	\$440	1.9%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%	53.61	354 - Hernia Procedures Except Inguinal and Femoral with CC	\$8,016	\$8,175	2.0%
	49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated				\$511	\$473	-7.4%	\$2,278	\$2,306	1.2%	\$1,282	\$1,329	3.7%		355 - Hernia Procedures Except Inguinal and Femoral without CC/MCC	\$5,334	\$5,597	4.9%
	11008	Removal of mesh in abdominal wall for infection				\$276	\$275	-0.4%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only		N/A				
<b>Component Separation</b>	15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk (Note: Report 15734 twice if procedure is bilateral)	\$1,519	\$1,530	0.7%	\$1,350	\$1,353	0.2%	\$1,535	\$1,501	-2.2%	\$863	\$865	0.2%	83.82	Secondary to primary hernia DRG			
<b>Parastomal Hernia Repair</b>																			
	44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)				\$1,161	\$1,176	1.3%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only		46.42	347 - Anal and Stomal Procedures with MCC 348 - Anal and Stomal Procedures with CC 349 - Anal and Stomal Procedures without CC/MCC	\$12,488 \$7,077 \$4,121	\$13,196 \$7,310 \$4,207	5.7% 3.3% 2.1%
<b>Hiatal Hernia Repair</b>																			
	43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis				\$1,183	\$1,171	-1.0%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only						
	43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis				\$1,285	\$1,271	-1.1%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only						
	43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis				\$1,299	\$1,282	-1.3%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only						
	43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis				\$1,399	\$1,380	-1.4%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only						
	43336	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis				\$1,533	\$1,514	-1.2%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only						
	43337	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis				\$1,673	\$1,658	-0.9%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only						
	39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic				\$941	\$947	0.6%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only		53.71, 53.72, 53.75, 53.83, 53.84	326 - Stomach, Esophageal and Duodenal Procedures with MCC 327 - Stomach, Esophageal and Duodenal Procedures with CC 328 - Stomach, Esophageal and Duodenal Procedures without CC/MCC	\$30,025 \$14,062 \$7,384	\$29,593 \$14,311 \$7,214	-1.4% 1.8% -2.3%
	39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic				\$868	\$871	0.3%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only		53.71, 53.72, 53.75, 53.83, 53.84	326 - Stomach, Esophageal and Duodenal Procedures with MCC	\$30,025	\$29,593	-1.4%

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															327 - Stomach, Esophageal and Duodenal Procedures with CC	\$14,062	\$14,311	1.8%	
															328 - Stomach, Esophageal and Duodenal Procedures without CC/MCC	\$7,384	\$7,214	-2.3%	
<b>Laparoscopic Procedures</b>																			
	43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)				\$1,069	\$1,078	0.8%	\$4,897	\$5,011	2.3%	N/A	N/A		44.67	326 - Stomach, Esophageal and Duodenal Procedures with MCC	\$30,025	\$29,593	-1.4%
															327 - Stomach, Esophageal and Duodenal Procedures with CC	\$14,062	\$14,311	1.8%	
															328 - Stomach, Esophageal and Duodenal Procedures without CC/MCC	\$7,384	\$7,214	-2.3%	
	49650	Laparoscopy, surgical; repair initial inguinal hernia				\$416	\$424	1.9%	\$3,295	\$3,357	1.9%	\$1,854	\$1,934	4.3%	17.11, 17.12, 17.13, 17.21, 17.23, 17.24	350 - Inguinal and Femoral Hernia Procedures with MCC	\$12,846	\$13,132	2.2%
															351 - Inguinal and Femoral Hernia Procedures with CC	\$6,992	\$7,209	3.1%	
															352 - Inguinal and Femoral Hernia Procedures without CC/MCC	\$4,456	\$4,493	0.8%	
	49651	Laparoscopy, surgical; repair recurrent inguinal hernia				\$542	\$552	1.8%	\$3,295	\$3,357	1.9%	\$1,854	\$1,934	4.3%	17.11, 17.12, 17.13, 17.21, 17.23, 17.24	350 - Inguinal and Femoral Hernia Procedures with MCC	\$12,846	\$13,132	2.2%
															351 - Inguinal and Femoral Hernia Procedures with CC	\$6,992	\$7,209	3.1%	
															352 - Inguinal and Femoral Hernia Procedures without CC/MCC	\$4,456	\$4,493	0.8%	
	49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible				\$719	\$684	-4.9%	\$4,897	\$5,011	2.3%	\$2,755	\$2,888	4.8%	53.42, 53.43, 53.63				
	49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated				\$901	\$854	-5.2%	\$4,897	\$5,011	2.3%	\$2,755	\$2,888	4.8%	53.42, 53.43, 53.63				
	49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible				\$827	\$777	-6.0%	\$4,897	\$5,011	2.3%	\$2,755	\$2,888	4.8%	53.42, 53.43, 53.63	353 - Hernia Procedures Except Inguinal and Femoral with MCC	\$14,206	\$14,813	4.3%
	49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated				\$995	\$948	-4.7%	\$4,897	\$5,011	2.3%	\$2,755	\$2,888	4.8%	53.62	354 - Hernia Procedures Except Inguinal and Femoral with CC	\$8,016	\$8,175	2.0%
	49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible				\$830	\$840	1.2%	\$4,897	\$5,011	2.3%	\$2,755	\$2,888	4.8%	53.62	355 - Hernia Procedures Except Inguinal and Femoral without CC/MCC	\$5,334	\$5,597	4.9%
	49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated				\$1,193	\$1,206	1.1%	\$4,897	\$5,011	2.3%	\$2,755	\$2,888	4.8%	53.62				
<b>Wound Irrigation</b>																			
	97597	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area less than or equal to 20 square centimeters	\$72	\$75	4.2%	\$24	\$24	0.0%	\$103	\$105	1.9%	N/A	N/A		86.22	901 - Wound Debridements for Injuries with MCC	\$20,162	\$21,376	6.0%
	97598	Removal of devitalized tissue from wound(s), selective debridement, without anesthesia (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), with or without topical application(s), wound assessment, and instruction(s) for ongoing care, may include use of a whirlpool, per session; total wound(s) surface area greater than 20 square centimeters	\$24	\$25	4.2%	\$12	\$11	-8.3%	\$103	\$105	1.9%	N/A	N/A		86.28	902 - Wound Debridements for Injuries with CC	\$9,255	\$9,345	1.0%
															903 - Wound Debridements for Injuries without CC/MCC	\$5,486	\$5,503	0.3%	

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<b>Breast Reconstruction</b>																				
* NEW CODE FOR 2012	15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (eg, breast, trunk) (List separately in addition to code for primary procedure)					\$214				\$1,174			\$677						
	19324	Mammaplasty, augmentation, without prosthetic implant					\$479	\$487	1.7%	\$3,100	\$3,152	1.7%	\$1,744	\$1,817	4.2%	85.50, 85.53, 85.54				
	19325	Mammaplasty, augmentation, with prosthetic implant					\$647	\$657	1.5%	\$4,407	\$4,370	-0.8%	\$2,479	\$2,518	1.6%	85.53, 85.54	584- Breast biopsy, local excision and other breast procedures with CC/MCC	\$7,825	\$8,590	9.8%
																	585- Breast biopsy, local excision and other breast procedures without CC/MCC	\$5,376	\$5,733	6.6%
																	907- Other OR procedures for injuries with MCC	\$19,762	\$20,662	4.6%
																	908- Other OR procedures for injuries with CC	\$9,941	\$10,054	1.1%
																	909- Other OR procedures for injuries with CC/MCC	\$5,967	\$6,050	1.4%
	19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction					\$873	\$956	9.5%	\$3,100	\$3,152	1.7%	\$1,744	\$1,817	4.2%	85.33, 85.34	582-Mastectomy for malignancy with CC/MCC	\$5,457	\$5,993	9.8%
																	583- Mastectomy for malignancy without CC/MCC	\$4,366	\$4,565	4.6%
																	584- Breast biopsy, local excision and other breast procedures with CC/MCC	\$7,825	\$8,590	9.8%
																	585- Breast biopsy, local excision and other breast procedures without CC/MCC	\$5,376	\$5,733	6.6%
																	907- Other OR procedures for injuries with MCC	\$19,762	\$20,662	4.6%
																	908- Other OR procedures for injuries with CC	\$9,941	\$10,054	1.1%
																	909- Other OR procedures for injuries with CC/MCC	\$5,967	\$6,050	1.4%
	19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction					\$926	\$940	1.5%	\$4,407	\$4,370	-0.8%	\$2,479	\$2,518	1.6%	85.33, 85.34				
	19350	Nipple/areola reconstruction	\$830	\$843	1.6%	\$676	\$687	1.6%	\$1,763	\$1,786	1.3%	\$991	\$1,029	3.8%	85.87	584- Breast biopsy, local excision and other breast procedures with CC/MCC	\$7,825	\$8,590	9.8%	
																	585- Breast biopsy, local excision and other breast procedures without CC/MCC	\$5,376	\$5,733	6.6%
																	907- Other OR procedures for injuries with MCC	\$19,762	\$20,662	4.6%
																	908- Other OR procedures for injuries with CC	\$9,941	\$10,054	1.1%
																	909- Other OR procedures for injuries with CC/MCC	\$5,967	\$6,050	1.4%
	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion					\$1,481	\$1,525	3.0%	\$4,407	\$4,370	-0.8%	\$2,479	\$2,518	1.6%	85.51, 85.52, 85.95				
	19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant					\$1,695	\$1,632	-3.7%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only		85.53, 85.85	582-Mastectomy for malignancy with CC/MCC	\$5,457	\$5,993	9.8%
	19364	Breast reconstruction with free flap					\$2,799	\$2,822	0.8%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only		85.7	583- Mastectomy for malignancy without CC/MCC	\$4,366	\$4,565	4.6%
	19366	Breast reconstruction with other technique					\$1,381	\$1,388	0.5%	\$2,337	\$2,334	-0.1%	\$1,314	\$1,345	2.4%	85.7, 85.85, 85.89	584- Breast biopsy, local excision and other breast procedures with CC/MCC	\$7,825	\$8,590	9.8%
	19367	Breast reconstruction with transverse rectus abdominus myocutaneous flap [TRAM], single pedicle, including closure of donor site					\$1,817	\$1,833	0.9%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only		85.7	585- Breast biopsy, local excision and other breast procedures without CC/MCC	\$5,376	\$5,733	6.6%
	19368	Breast reconstruction with TRAM, single pedicle, including of closure of donor site; with microvascular anastomosis (supercharged)					\$2,246	\$2,260	0.6%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only		85.7	907- Other OR procedures for injuries with MCC	\$19,762	\$20,662	4.6%
	19369	Breast reconstruction with TRAM, double pedicle, including closure of donor site					\$2,073	\$2,093	1.0%	Inpatient Only	Inpatient Only		Inpatient Only	Inpatient Only		85.72	908- Other OR procedures for injuries with CC	\$9,941	\$10,054	1.1%
																	909- Other OR procedures for injuries with CC/MCC	\$5,967	\$6,050	1.4%
	19370	Open periprosthetic capsulectomy, breast					\$687	\$698	1.6%	\$2,337	\$2,334	-0.1%	\$1,314	\$1,345	2.4%	85.00, 85.20	584- Breast biopsy, local excision and other breast procedures with CC/MCC	\$7,825	\$8,590	9.8%
																	585- Breast biopsy, local excision and other breast procedures without CC/MCC	\$5,376	\$5,733	6.6%
	19371	Periprosthetic capsulectomy, breast					\$787	\$799	1.5%	\$2,337	\$2,334	-0.1%	\$1,314	\$1,345	2.4%	85.00, 85.20	907- Other OR procedures for injuries with MCC	\$19,762	\$20,662	4.6%
	19380	Revision of reconstructed breast					\$774	\$878	13.4%	\$3,100	\$3,152	1.7%	\$1,744	\$1,817	4.2%	85.93, 85.99	908- Other OR procedures for injuries with CC	\$9,941	\$10,054	1.1%
																	909- Other OR procedures for injuries with CC/MCC	\$5,967	\$6,050	1.4%

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			\$239	\$281	17.6%	\$136	\$147	8.1%	\$2,337	\$2,334	-0.1%	\$1,314	\$1,345	2.4%			99.99		
	19396	Preparation of moulage for custom breast implant														Secondary to primary DRG			
	11970	Replacement of tissue expander with permanent prosthesis				\$608	\$619	1.8%	\$3,259	\$3,326	2.1%	\$1,833	\$1,917	4.6%	85.96, 86.05	584- Breast biopsy, local excision and other breast procedures with CC/MCC	\$7,825	\$8,590	9.8%
																585- Breast biopsy, local excision and other breast procedures without CC/MCC	\$5,376	\$5,733	6.6%
																907- Other OR procedures for injuries with MCC	\$19,762	\$20,662	4.6%
																908- Other OR procedures for injuries with CC	\$9,941	\$10,054	1.1%
																909- Other OR procedures for injuries with CC/MCC	\$5,967	\$6,050	1.4%

American Medical Association's "Physician's Current Procedural Terminology CPT 2011", www.ama-assn.org

Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment; Ambulatory Surgical Center Payment; Hospital Value-Based Purchasing Program; Physician Self-Referral; and Patient Notification Requirements in Provider Agreements; CY 2012 Final rule with comment period; DEPARTMENT OF HEALTH AND HUMAN SERVICES, Centers for Medicare & Medicaid Services, 42 CFR Parts 410, 411, 416, 419, 489, and 495; [CMS-1525-FC], RIN 0938-AQ26

Medicare Program: Payment Policies under the Physician Fee Schedule, Five-Year Review of Work Relative Value Units, Clinical Laboratory Fee Schedule: Signature on Requisition, and Other Revisions to Part B for CY 2012; DEPARTMENT OF HEALTH AND HUMAN SERVICES, Centers for Medicare & Medicaid Services, 42 CFR Parts 410, 414, 415, and 495, [CMS-1524-FC and CMS-1436-F], RINs 0938-AQ25 and 0938-AQ00  
Temporary Payroll Tax Cut Continuation Act of 2011

Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and FY 2012 Rates; Hospitals' FTE Resident Caps for Graduate Medical Education Payment; Final Rule; DEPARTMENT OF HEALTH AND HUMAN SERVICES, Centers for Medicare & Medicaid Services; 42 CFR Parts 412, 413, and 476; [CMS-1518-F; CMS-1430-F]; RIN 0938-AQ24; RIN 0938-AQ92  
World Health Organization. *International Classification of Diseases, 9th revision*. Geneva: WHO, 2011. All Rights Reserved.

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