**Surgery – Respiratory System**

1. What code would you report for a cervical approach of a mediastinotomy with exploration, drainage, removal of foreign body, or biopsy?
2. Roger had a rhinoplasty to correct damage caused by a broken nose. One year later he had a secondary rhinoplasty with major revisions. At the end of the second surgery the incisions were closed with a single layer technique.
3. A surgeon started with a diagnostic thoracoscopy. During the same surgical session she completed a surgical thoracoscopy to control a hemorrhage.
4. A CT scan identified moderate-sized right pleural effusion in a 50-year-old male. This was estimated to be 800 cc in size and had an appearance of fluid on the CT Scan. A surgical puncture using an aspirating needle punctured through the chest tissues and entered the pleural cavity. Fluid was aspirated, draining the effusion under ultrasound guidance using 1% lidocaine as local anesthetic.
5. The patient is a fifty-eight-year-old white male, one month status post pneumonectomy. He had a post pneumonectomy empyema treated with a tunneled cuffed pleural catheter which has been draining the cavity for one month with clear drainage. He has had no evidence of a block or pleural fistula. Therefore a planned return to surgery results in the removal of the catheter.
6. A patient is brought from an MVA to the ER with multiple fractured ribs, labored breathing, and complaints of chest pain and palpitations. In the ER the thoracic surgeon performs a tube thoracostomy with some relief of the patient’s most severe symptoms. Several tests are run and radiographs taken.
7. A sinus endoscopy with tissue removal from the sphenoid sinus was performed.
8. This 25-year-old male presents with deviated nasal septum. After intubation, a left hemitransfixion incision was made with elevation of the mucoperichondrium. Cartilage from the bony septum was detached and the nasoseptum was realigned and removed in a piecemeal fashion from the obstructed perpendicular plate of the ethmoid. Thereafter, 4-0 chronic was used to approximate mucous membranes. Next, submucous resection of the middle and inferior turbinates was handled in the usual fashion by removing the anterior third of the bony turbinate and lateral mucosal followed by bipolar cauterization of the posterior enlarged tip of the inferior turbinate as well as outfracturing. A small amount of silver nitrate cautery was used to achieve hemostasis. A dressing consisted of a fold of Telfa with a ventilating tube for nasal airway on each side achieved good hemostasis, patient went to recovery in good condition.
9. The patient had been hoarse for a month. His surgeon scheduled a direct laryngoscopy with injection of his vocal cords. During the surgery it became necessary to use an operating microscope.
10. The patient is a three-year-old boy who attempted to swallow a half-dollar. The boy’s mother immediately brought the child to the ED, which was only a short distance from the house, and the thoracic team was called emergently. The patient was in acute respiratory distress when we arrived in the ED. A temporary tracheostomy was accomplished, allowing oxygen exchange. X-ray revealed the coin to be deeply wedged in the trachea. Several attempts were made to remove the coin in the ED with the use of forceps, without success. The patient was given a mild sedative and taken to the OR where a scope was used to successfully remove the coin. The trach was discontinued. The patient was admitted for overnight observation and discharged the next day in satisfactory condition.
11. The patient had trouble breathing for three days. Her urgent care physician referred her to an ENT physician. The ENT performed a diagnostic maxillary sinusoscopy.
12. Diagnosis: Right lung mass

Indications: Patient with a mass in the right lung mass identified on routine X-ray presents for bronchoscopy and biopsy.

Procedure: The patient was brought to the endoscopy suite and the mouth and throat were anesthetized. The bronchoscope was inserted and advanced through the larynx to the bronchus. The left side was examined first and no abnormalities were appreciated. The bronchoscope was then introduced into the right bronchus. Using fluoroscopic guidance, the tip of the bronchoscope was maneuvered into the area of the mass. A closed biopsy forceps was passed through the channel in the bronchoscope and then through the bronchial wall. A tissue sample was obtained. There were no other abnormalities appreciated in the right side and the bronchoscope was removed. The specimen was labeled and sent to pathology for testing. The patient tolerated the procedure well. Pathology indicates that the mass is cancer.

1. Dr. Walters performed a subsequent thoracentesis of the pleural cavity for aspiration with needle fluoroscopic guidance. Which codes should Dr. Walters report for his professional services.
2. Alicia is 20 months old and suffering from chronic inflammation of the trachea, which is causing difficulty in breathing. Dr. Marion inserted a planned incisional tracheal tube for Alicia. This procedure was completed under general endotracheal anesthesia. The patient tolerated the procedure well and was returned to the recovery room in stable condition.
3. A patient suffering from chronic inflammation of the maxillary sinus underwent a surgical endoscopic transnasal balloon dilation procedure to restore normal sinus function. During this procedure, maxillary antrostomy with removal of tissue was completed.