



The Society of Thoracic Surgeons General Thoracic Surgery Database Major Procedure Data Collection Form Version 2.3

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- A Major Procedure Data Collection Form (DCF) should be initiated every time the patient enters the Operating Room for Major Procedure(s). Major procedures are analyzed, may be risk adjusted and are included in Harvest Reports.
- Fields that appear underlined and in blue are required for Major procedure record inclusion. If any of these fields are missing data, the entire record will be excluded from the analysis.
- Procedures highlighted below, if performed as isolated procedures or with another highlighted procedure are not collected unless the Surgeon Participant chooses to track them. If collected, use the data set highlighted below or the Non-analyzed Procedure Data Set DCF. Sections and Fields that appear highlighted are suggested for these procedures.
- Highlighted procedures done in conjunction with major procedures should be included on the Major Procedure DCF.

Demographics			
Patient ID: _____ PatID (80)	Medical Record #: _____ MedRecN (100)		
First Name: _____ PatFName (110)	Middle Name: _____ PatMName(121)	Last Name: _____ PatLName (130)	SSN#: _____ SSN (140)
Patient participating in STS-related clinical trial: ClinTrial (151) <input type="checkbox"/> None <input type="checkbox"/> Trial 1 <input type="checkbox"/> Trial 2 <input type="checkbox"/> Trial 3 <input type="checkbox"/> Trial 4 <input type="checkbox"/> Trial 5 <input type="checkbox"/> Trial 6 (If not "None" →) Clinical trial patient ID: _____ ClinTrialPatID (152)			
Date of Birth: ____/____/____ DOB (160)	Age: _____ Age (170)	Patient Postal Code: _____ PostalCode (180)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Gender (190)
Is the Patient's Race Documented? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient Declined to Disclose RaceDocumented (191) Race: <i>If Yes select all that apply</i> → White/Caucasian <input type="checkbox"/> Yes <input type="checkbox"/> No RaceCaucasian (200) Black/African American <input type="checkbox"/> Yes <input type="checkbox"/> No Asian <input type="checkbox"/> Yes <input type="checkbox"/> No RaceAsian (220) American Indian/Alaskan Native <input type="checkbox"/> Yes <input type="checkbox"/> No RaceNativeAm (230) Native Hawaiian/Pacific Islander <input type="checkbox"/> Yes <input type="checkbox"/> No RacNativePacific (240) Other <input type="checkbox"/> Yes <input type="checkbox"/> No RaceOther (250)			
Hispanic or Latino Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented Ethnicity (270)			
Follow-Up			
Date of Last Follow-Up: ____/____/____ LFUDate (271)		Mortality Status at Last Follow-Up: <input type="checkbox"/> Alive <input type="checkbox"/> Dead LFUMortStat (272)	
Mortality Date: ____/____/____ MortDate (273)			
Admission			
Admission Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient / Observation AdmissionStat (280)		<i>If Inpatient</i> → Admission Date: ____/____/____ AdmitDt (290)	
Payor: Indicate the Primary payor: PayorPrim (411)		Indicate the Secondary (supplemental) payor: PayorSecond (413)	
<input type="checkbox"/> None/self <input type="checkbox"/> Medicare <i>If Medicare</i> → Fee For Service: <input type="checkbox"/> Yes <input type="checkbox"/> No PrimMCareFFS (412) <input type="checkbox"/> Medicaid <input type="checkbox"/> Military Health <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Correctional Facility <input type="checkbox"/> State Specific Plan <input type="checkbox"/> Other Government Insurance <input type="checkbox"/> Commercial Health Insurance <input type="checkbox"/> Health Maintenance Organization <input type="checkbox"/> Non U.S. Plan		<input type="checkbox"/> None/self <input type="checkbox"/> Medicare <i>If Medicare</i> → Fee For Service: <input type="checkbox"/> Yes <input type="checkbox"/> No SecondMCareFFS (414) <input type="checkbox"/> Medicaid <input type="checkbox"/> Military Health <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Correctional Facility <input type="checkbox"/> State Specific Plan <input type="checkbox"/> Other Government Insurance <input type="checkbox"/> Commercial Health Insurance <input type="checkbox"/> Health Maintenance Organization <input type="checkbox"/> Non U.S. Plan	

Surgeon Name: _____ Surgeon (420)		Surgeon's National Provider ID: _____ SurgNPI (430)	
Taxpayer ID#: _____ TIN (440)		Hospital Name: _____ HospName (450)	
Hospital Postal Code: _____ HospZIP (460)		Hospital State: _____ HospStat (470)	Hospital's National Provider ID: _____ HospNPI (480)
Pre-Operative Evaluation			
Height: _____(cm) HeightCm (490)	Weight: _____(kg) WeightKg (500)	Wt loss over past 3 months? (Enter "0" if none) _____(kg) WtLoss3Kg (510)	
Hypertension Hypertn (520)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Steroids Steroid (530)	<input type="checkbox"/> Yes <input type="checkbox"/> No Congestive Heart Failure(CHF) <input type="checkbox"/> Yes <input type="checkbox"/> No CHF (540)
Coronary Artery Disease (CAD) CAD (550)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Peripheral Vascular Disease (PVD) <input type="checkbox"/> Yes <input type="checkbox"/> No PVD (560)	
Prior Cardiothoracic Surgery PriorCTS (570)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Preoperative Chemotherapy PreopChemoCur (580)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → When: <input type="checkbox"/> ≤ 6 months <input type="checkbox"/> > 6 months PreopChemoCurWhen (590)	
Preop Thoracic Radiation Therapy PreopXRT (600)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → <input type="checkbox"/> Same disease, ≤ 6 months <input type="checkbox"/> Same disease, > 6 months <input type="checkbox"/> Unrelated disease, ≤ 6 months <input type="checkbox"/> Unrelated disease, > 6 months PreopXRTDisWhen (610)	
Cerebrovascular History: CerebroHx (620)	<input type="checkbox"/> No CVD history <input type="checkbox"/> Transient Ischemic Attack (TIA) <input type="checkbox"/> Cerebrovascular Accident (CVA)		
Pulmonary Hypertension: PulmHypertn (630)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable/Not documented		
Diabetes Diabetes (640)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → Type of therapy: <input type="checkbox"/> None <input type="checkbox"/> Diet Only <input type="checkbox"/> Oral <input type="checkbox"/> Insulin <input type="checkbox"/> Other subcutaneous medication <input type="checkbox"/> Other <input type="checkbox"/> Unknown DiabCtrl (650)	
On Dialysis Dialysis (660)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Creatinine level measured CreatMeasured (670)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes → Last creatinine level _____ CreatLst (680)
Hemoglobin level measured HemoglobinMeasured (690)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → Last hemoglobin level _____ HemoglobinLst (700)	
COPD COPD (710)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interstitial Fibrosis <input type="checkbox"/> Yes <input type="checkbox"/> No InterstitialFib (720)	
Cigarette smoking: CigSmoking (730)	<input type="checkbox"/> Never smoked <input type="checkbox"/> Past smoker (stopped >1 month prior to operation) <input type="checkbox"/> Current smoker <input type="checkbox"/> Unknown		
If 'Past smoker' or 'Current Smoker' →	Pack Year Known or can be estimated PackYearKnown (740)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes → Pack-Years - _____ PackYear (750)
Pulmonary Function Tests performed? PFT (760)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If No →	PFT Not Performed Reason PFTNotPerReas(770)	<input type="checkbox"/> Not a Major Lung Resection <input type="checkbox"/> Tracheostomy or Ventilator	<input type="checkbox"/> Never smoked, no Lung Dx <input type="checkbox"/> Urgent or Emergent Status <input type="checkbox"/> Pt. Unable to perform
If Yes →	FEV1 test performed? FEV (780)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	If Yes → FEV1 % predicted: _____ FEVPred (790)
	DLCO test performed? DLCO (800)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	If Yes → DLCO % predicted: _____ DLCOPred (810)
Zubrod Score: Zubrod (820)	<input type="checkbox"/> Normal activity, no symptoms <input type="checkbox"/> Symptoms, in bed >50% but <100%	<input type="checkbox"/> Symptoms, fully ambulatory <input type="checkbox"/> Bedridden	<input type="checkbox"/> Symptoms, in bed ≤ 50% of time <input type="checkbox"/> Moribund
Pre-treatment Lung cancer staging- to be completed if lung cancer documented AND lung resection performed.			
Lung Cancer: LungCancer(830)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes →	Clinical Staging Done <input type="checkbox"/> Yes <input type="checkbox"/> No ClinStagDoneLung (840)		
	If Yes → Pre-Op Positive Tissue diagnosis Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No PreopPosTisOb (841)		
	Clinical Staging Methods : Choose all that apply ↓		
	Bronchoscopy ClinStagLungBronc(850)	<input type="checkbox"/> Yes <input type="checkbox"/> No	EBUS ClinStagLungEBUS(860)
	EUS ClinStagLungEUS(870)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mediastinoscopy/Chamberlain ClinStagLungMedia(880)
	PET or PET/CT ClinStagLungPET(890)	<input type="checkbox"/> Yes <input type="checkbox"/> No	CT ClinStagLungCT(900)
	VATS ClinStagLungVATS(910)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laparoscopy ClinStagLungLap(920)

Brain MRI <i>ClinStagLungBMRI (921)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Brain CT Scan <i>ClinStagLungBrainCT (922)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Needle Biopsy <i>ClinStagLungNeedle (923)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other <i>ClinStagLungOth(929)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lung CA Tumor Size: <i>ClinStageLungT(930)</i>	<input type="checkbox"/> ≤ 2 cm	<input type="checkbox"/> >2cm ≤ 3cm	<input type="checkbox"/> >3cm ≤ 5cm <input type="checkbox"/> > 5cm ≤ 7cm <input type="checkbox"/> >7cm <input type="checkbox"/> Unknown
Invasion of Adjacent Structures: <i>LClnvAdjStr(940)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If Yes→</i>	<i>Choose all Locations that apply: ↓</i>		
Visceral Pleura <i>ClinStageLungTI nvPI (950)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chest Wall or Parietal Pleura <i>ClinStageLungTInvCW (960)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diaphragm <i>ClinStageLung TInvDia (970)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phrenic Nerve <i>ClinStageLungTI nvPN (980)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pericardium <i>ClinStageLungTInvPer (990)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Main Bronchus <i>ClinStageLung TInvMB (1000)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obstructive Atelectasis or Pneumonitis <i>ClinStageLungTI nvOb (1010)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Separate Nodule(s), same lobe <i>ClinStageLungTInvNod (1020)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mediastinum <i>ClinStageLung TInvMed (1030)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart <i>ClinStageLungTI nvHt (1040)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trachea <i>ClinStageLung TInvTr (1060)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurrent Laryngeal Nerve <i>ClinStageLungTI nvRLN(1070)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vertebral Body <i>ClinStageLung TInvVB (1090)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carina <i>ClinStageLungTI nvC (1100)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Separate Nodule(s), different lobe <i>ClinStageLungTInvNDL (1110)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lung CA Nodes: <i>ClinStageLungN (1120)</i>	
<input type="checkbox"/> N0 <i>No regional lymph node metastasis</i>		<input type="checkbox"/> N1 <i>Metastasis in ipsilateral peribronchial or hilar and intrapulmonary nodes. Includes direct extension</i>	
<input type="checkbox"/> N2 <i>Metastasis in ipsilateral mediastinal and/or subcarinal lymph nodes</i>		<input type="checkbox"/> N3 <i>Metastasis in contralateral mediastinal or contralateral hilar nodes, ipsilateral or contralateral scalene or supraclavicular nodes</i>	
Lung CA Metastases: <i>ClinStageLungM (1130)</i>		<input type="checkbox"/> M0 <i>No distant metastasis</i>	
		<input type="checkbox"/> M1 <i>Distant Metastasis</i>	

Pre-treatment esophageal cancer staging- to be completed if esophageal cancer documented AND esophageal resection performed.

Esophageal Cancer: Yes No
EsophCancer(1140)

<i>If Yes→</i>	Clinical Staging Done <input type="checkbox"/> Yes <input type="checkbox"/> No <i>ClinStagDoneEsoph (1150)</i>		
<i>If Yes→</i>	Clinical Staging Method(s) and Results: Choose all that apply ↓		
Bronchoscopy <i>ClinStagEsophBronc (1160)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	EBUS <i>ClinStagEsoph EBUS (1170)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
EUS <i>ClinStagEsophEUS (1180)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mediastinoscopy / Chamberlain <i>ClinStagEsophMedia (1190)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
CT <i>ClinStagEsophCT (1210)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	VATS <i>ClinStagEsophVATS (1220)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laparoscopy <i>ClinStagEsophLa p (1240)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Endoscopic Mucosal Resection <i>ClinStagEsophEMR (1241)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other <i>ClinStagEsoph Oth (1245)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Esophageal Tumor: <i>ClinStageEsophT (1250)</i>	<input type="checkbox"/> T0 <i>No evidence of primary tumor</i>
<input type="checkbox"/> T1 <i>Tumor invades lamina propria, mucosa or submucosa</i>	<input type="checkbox"/> Tis <i>High grade dysplasia</i>		

	<input type="checkbox"/> T2 <i>Tumor invades muscularis propria</i>	<input type="checkbox"/> T3 <i>Tumor invades adventitia</i>	<input type="checkbox"/> T4 <i>Tumor invades adjacent structures</i>
Clinical Diagnosis of Nodal Involvement:	<input type="checkbox"/> Yes (N1, N2 or N3)	<input type="checkbox"/> No	
ClinStageEsophNode (1251)			
Esophageal CA Metastases:	<input type="checkbox"/> M0 <i>No Distant Metastasis</i>	<input type="checkbox"/> M1 <i>Distant Metastasis</i>	
ClinStageEsophM (1270)			

Diagnosis (Category of Disease)

Category of Disease: Check both **Primary** and **Secondary** Diagnosis (Category of Disease). Indicate (circle) the Primary Diagnosis.

CategoryPrim (1300) CategorySecond (1320)

Category of Disease (ICD-9, ICD-10) Trachea & Larynx

- | | |
|--|---|
| <input type="checkbox"/> Dysphagia, unspecified (787.2, R13.10) | <input type="checkbox"/> Tracheal tumor, malignant (162.0, C33) |
| <input type="checkbox"/> Tracheomalacia-congenital (748.3, Q32.0) | <input type="checkbox"/> Tracheal tumor, benign (212.2, D14.2) |
| <input type="checkbox"/> Tracheomalacia-acquired (519.1, J39.8) | <input type="checkbox"/> Tracheal tumor, metastatic (197.3, C78.30) |
| <input type="checkbox"/> Tracheostenosis-congenital (748.3, Q32.1) | <input type="checkbox"/> Subglottic stenosis-congenital (748.3, Q31.1) |
| <input type="checkbox"/> Tracheostenosis-acquired (post intubation) (519.1, J39.8) | <input type="checkbox"/> Subglottic stenosis-acquired (post intubation) (478.74, J38.6) |
| <input type="checkbox"/> Tracheostomy-hemorrhage (519.09, J95.01) | <input type="checkbox"/> Vocal cord paralysis unspecified (478.3, J38.00) |
| <input type="checkbox"/> Tracheostomy related stenosis (519.02, J95.03) | <input type="checkbox"/> Vocal cord paralysis, unilateral (478.31, J38.01) |
| | <input type="checkbox"/> Vocal cord paralysis, bilateral (478.33, J38.02) |

Lung

- Acute respiratory failure (518.81, J96.00)
- Aspergillosis (117.3, B44.9)
- Bronchiectasis (494.0, J47.9)
- Carcinoid tumor of bronchus and lung; benign, typical (209.61., D34.090)
- Carcinoid tumor of the bronchus and lung; malignant, atypical (209.21, C7A.090)
- Cystic fibrosis with pulmonary manifestations (277.02, E84.0)
- Emphysema (492.8, J43.8)
- Emphysematous bleb (492.0, J43.9)
- Empyema with fistula (510.0, J86.0)
- Empyema without fistula (510.9, J86.9)
- Gangrene and necrosis of lung (513.0, J85.0)
- Hemothorax (511.8, J94.2)
- Interstitial lung disease/fibrosis (516.3, J84.1)
- Lung abscess (513.0, J85.2)
- Lung cancer, main bronchus, carina (162.2, C34.00)
- Lung cancer, upper lobe (162.3, C34.10)
- Lung cancer, middle lobe (162.4, C34.2)
- Lung cancer, lower lobe (162.5, C34.30)
- Lung cancer, location unspecified (162.9, C34.90)
- Solitary pulmonary nodule (not a tumor, e.g., granuloma, subpleural lymph node, pulmonary infarct) (793.11, R91.1)
- Lung tumor, benign (212.3, D14.30)
- Lung tumor, metastatic (197.0, C78.00)
- Malignant neoplasm other parts of bronchus or lung (162.8, C34.8)
- Neoplasm of uncertain behavior of trachea, bronchus and lung (235.7, DM38.1)
- Personal history of malignant neoplasm of bronchus and lung (V10.11, Z85.118)
- Pneumonia (486.0, J18.9)
- Pneumothorax (512.8, J93.1)
- Post inflammatory pulmonary fibrosis (515, J84.89)
- Primary pulmonary hypertension (416.0, I27.0)
- Pulmonary insufficiency following surgery/trauma (ARDS) (518.5, J95.82)
- Pulmonary sequestration (748.5, Q33.2)
- Transplanted lung complication(s) (996.84, T86.8XX)

Mediastinum

- Anterior mediastinal tumor primary(germ cell cancer, seminoma) (164.2, C38.1)
- Anterior mediastinal tumor-benign-(e.g., teratoma) (212.5, D15.2)
- Anterior mediastinal tumor-metastatic (197.1, C78.1)
- Anterior mediastinal tumor-thymus tumor (thymoma, thymic carcinoma) (164.0, C37)
- Benign neoplasm of thymus (212.6, D15.0)
- Lymphoma, intrathoracic (202.82, C85.92)
- Mediastinal abscess (513.1, J85.3)
- Mediastinal cyst, Bronchogenic (519.3, J98.5)
- Mediastinal cyst, Foregut duplication (519.3, J98.5)

<input type="checkbox"/> Mediastinal cyst, Pericardial (519.3, J98.5) <input type="checkbox"/> Mediastinal cyst, Thymic (519.3, J98.5) <input type="checkbox"/> Mediastinal nodes, benign (229.0, D36.0) <input type="checkbox"/> Mediastinal nodes, metastatic (196.1, C77.1) <input type="checkbox"/> Mediastinitis (519.2, J98.5) <input type="checkbox"/> Myasthenia gravis (358.0, G70.00) <input type="checkbox"/> Neoplasm of uncertain behavior of pleura, thymus, mediastinum (235.8, D38.2-D38.4) <input type="checkbox"/> Posterior mediastinal malignant tumor- primary (164.3, C38.2) <input type="checkbox"/> Posterior mediastinal tumor-benign(neurogenic)(212.5,D15.2) <input type="checkbox"/> Posterior mediastinal tumor-metastatic (197.1, C78.1) <input type="checkbox"/> Unspecified disease of thymus gland (254.9, E32.9)	
Thyroid	
<input type="checkbox"/> Goiter, nodular (241.9, E04.9) <input type="checkbox"/> Thyroid neoplasm, benign (226.0, D34) <input type="checkbox"/> Thyroid neoplasm, malignant (193.0, C73)	
Pleura	
<input type="checkbox"/> Pleural effusion, infected- (empyema) (511.1, J86.9) <input type="checkbox"/> Pleural effusion, malignant (197.2, C78.2) <input type="checkbox"/> Pleural effusion sterile (511.9, J90) <input type="checkbox"/> Pleural effusion, other specified, except TB (511.89, J90) <input type="checkbox"/> Pleural thickening (511.0, J94.9) <input type="checkbox"/> Pleural tumor, benign (212.4, D19.0) <input type="checkbox"/> Pleural tumor, metastatic (197.2, C78.2) <input type="checkbox"/> Malignant neoplasm other specified sites of pleura (163.8, C38.4) <input type="checkbox"/> Malignant tumor of pleura, unspecified (e.g., mesothelioma) (163.9, C38.4)	
Chest Wall	
<input type="checkbox"/> Pectus carinatum (754.82, Q67.7) <input type="checkbox"/> Sternal tumor, benign (213.3, D16.7) <input type="checkbox"/> Pectus excavatum (754.81, Q67.6) <input type="checkbox"/> Sternal tumor, malignant (170.3, C41.3) <input type="checkbox"/> Rib tumor, benign-(e.g., fibrous dysplasia) (213.3, D16.7) <input type="checkbox"/> Sternal tumor, metastatic (198.5, C79.51) <input type="checkbox"/> Rib tumor, malignant-(e.g., osteosarcoma, chondrosarcoma) (170.3, C41.3) <input type="checkbox"/> Thoracic outlet syndrome (353.0, G54.0) <input type="checkbox"/> Rib tumor, metastatic (198.5, C79.51)	
Diaphragm	
<input type="checkbox"/> Diaphragm tumor, benign (215.4, D21.3) <input type="checkbox"/> Diaphragmatic hernia with gangrene (551.3, K44.1) <input type="checkbox"/> Diaphragm tumor, malignant (171.4, C49.3) <input type="checkbox"/> Diaphragmatic hernia without obstruction or gangrene (553.3, K44.9) <input type="checkbox"/> Diaphragm tumor, metastatic (198.89, C79.89) <input type="checkbox"/> Diaphragmatic paralysis (519.4, J98.6) <input type="checkbox"/> Diaphragmatic hernia with obstruction, without gangrene (552.3, K44.0)	
Esophagus	
<input type="checkbox"/> Achalasia of esophagus (530.0, K22.0) <input type="checkbox"/> Foreign body esophagus (935.1, T18.108a) <input type="checkbox"/> Acquired absence of esophagus (post esophagectomy) (V45.79, Z90.89) <input type="checkbox"/> Gastric outlet obstruction, pyloric stenosis, acquired (537.0, K31.1) <input type="checkbox"/> Barrett's esophagus (530.85, K22.70) <input type="checkbox"/> Malignant neo stomach unspecified (151.9, C16.9) <input type="checkbox"/> Barrett's esophagus with High Grade Dysplasia (530.85, K22.711) <input type="checkbox"/> Malignant neoplasm of the esophagus, unspecified (150.9, C15.9) <input type="checkbox"/> Dyskinesia/spasm of esophagus (530.5, K22.4) <input type="checkbox"/> Malignant other part esophagus, specified (150.8, C15.8) <input type="checkbox"/> Epiphrenic diverticulum (530.6, K22.5) <input type="checkbox"/> Mallory Weiss tear (530.7, K22.6) <input type="checkbox"/> Esophageal cancer, esophagogastric junction (cardia) (151.0, C16.0) <input type="checkbox"/> Reflux esophagitis (530.11, K21.0) <input type="checkbox"/> Esophageal cancer, middle third (150.4, C15.4) <input type="checkbox"/> Stricture and stenosis of esophagus (530.3, K22.2) <input type="checkbox"/> Esophageal cancer, upper third (150.3, C15.3) <input type="checkbox"/> Tracheoesophageal fistula (530.84, J86.0) <input type="checkbox"/> Esophageal cancer-lower third (150.5, C15.5) <input type="checkbox"/> Ulcer esophagus with bleeding (530.21, K22.11) <input type="checkbox"/> Esophageal perforation (530.4, K22.3) <input type="checkbox"/> Ulcer esophagus without bleeding (530.2, K22.10) <input type="checkbox"/> Esophageal reflux (GERD) (530.81, K21.9) <input type="checkbox"/> Zenkers diverticulum (530.6, K22.5) <input type="checkbox"/> Esophageal stricture (530.3, K22.2) <input type="checkbox"/> Other digestive system complication (997.49, K91.XX) <input type="checkbox"/> Esophageal tumor-benign (i.e., leiomyoma) (211.0, D13.0) <input type="checkbox"/> Other disease of the esophagus (530.89, K22.8) <input type="checkbox"/> Esophagitis (530.1, K20.9)	
Trauma	
<input type="checkbox"/> Flail chest (807.4, S22.5xxa) <input type="checkbox"/> Sternal fracture (807.2, S22.20xa) <input type="checkbox"/> Rib fracture (807.0, S22.39xa) <input type="checkbox"/> Tracheal injury (807.5, S12.8xxa) <input type="checkbox"/> Rib fractures, multiple (807.0, S22.49xa) <input type="checkbox"/> Traumatic pneumothorax (860.0, S27.0xxa)	
Cardiovascular	
<input type="checkbox"/> Abdominal aneurysm without rupture (441.4, I171.4) <input type="checkbox"/> Pericarditis, constrictive (432.2, I31.1) <input type="checkbox"/> Cardiac tamponade (423.3, I31.4) <input type="checkbox"/> SVC Syndrome (459.2, I87.1) <input type="checkbox"/> Pericardial effusion, malignant (198.89, C79.89) <input type="checkbox"/> Unspecified disease of the pericardium (423.9, I31.9) <input type="checkbox"/> Pericarditis with effusion (420.9, I30.9)	
Miscellaneous	
<input type="checkbox"/> Abnormal radiologic finding (793.1, R91) <input type="checkbox"/> Chronic airway obstruction not elsewhere classified (496, J44.9) <input type="checkbox"/> Chylothorax (457.8, 189.8) <input type="checkbox"/> Disruption of internal operation, surgical wound (998.31, T81.32XA)	

- Hemorrhage complicating a procedure (998.11, multiple codes)
- Hematoma complicating a procedure (998.12, multiple codes)
- Hemoptysis unspecified (786.3, R04.2)
- Hyperhidrosis, focal axilla (705.21, L74.510)
- Hyperhidrosis, focal, face (705.21, L74.511)
- Hyperhidrosis, focal, palms (705.21, L74.512)
- Lymphadenopathy (785.6, R59.9)
- Other non-infectious disorders of lymphatic channels (457.8, I89.8)
- Malignant neoplasm of connective tissue and other soft tissue of the thorax (171.4, C49.3)
- Malignant poorly differentiated neuroendocrine carcinoma, any site (209.3, C74.1)
- Non-healing surgical wound (998.83, T81.89XA)
- Other post- op infection (998.59, T81.4XXA)
- Persistent post-op fistula not otherwise classified (998.6, T81.83XA)
- Post-operative air leak (512.2, J95.812)
- Secondary malignant neoplasm of other specified sites (198.89, C79.89)
- Shortness of breath (786.05, R06.02)
- Swelling, mass or lump in chest (786.6, R22.2)
- Other unlisted category of disease

Other Primary Specify:
CategoryPrimOth (1310) If diagnosis not listed, free text here: _____

Other Primary ICD:
CategoryPrimOthICD (1311) Enter ICD-9 or ICD-10 of unlisted primary diagnosis, if known: _____

Secondary, Other Secondary Specify:
CategorySecondOth(1330) If secondary diagnosis not listed, free text here: _____

Secondary, Other Secondary ICD:
CategorySecondOthICD(1331) Enter ICD-9 or ICD-10 of unlisted secondary diagnosis, if known : _____

Date of Surgery: ____/____/____
SurgDt (1340)

OR Entry Time: ____:____:____ **Anesthesia Start Time:** ____:____:____ **Procedure Start Time:** ____:____:____
OREntryT (1350) **AnesthStartT (1370)** **ProcStartT (1390)**

OR Exit Time: ____:____:____ **Anesthesia End Time:** ____:____:____ **Procedure End Time:** ____:____:____
ORExitT (1360) **AnesthEndT (1380)** **ProcEndT (1400)**

Multi-Day Operation (operation continued through midnight) Yes No
MultiDay (1410)

Status of Operation: Emergent Urgent Elective Palliative
Status (1420)

Reoperation (any prior cardiothoracic surgery that affects operative field) Yes No **Assisted by Robotic Technology** Yes No
Reop (1430) **Robotic (1440)**

Unanticipated Surgical Approach Conversion: VATS→ Open Robotic → VATS Robotic→ Open No
UnanticConv (1441)

If Yes→
 Conversion Type: Elective Emergent
UnanticConvTy (1442)
 Conversion Reason: Vascular Anatomy Lymph Nodes Technical
UnanticConvRsn (1443)

Blood transfusion intraoperatively (packed red blood cells) Yes No **If Yes→ #Red Blood Cell Units:** _____
IntraopPRBC (1450) **IntraopPRBCNum (1460)**

ASA Classification: ASA (1470)	<input type="checkbox"/> I <i>Normal, healthy</i>	<input type="checkbox"/> II <i>Mild systemic Disease</i>	<input type="checkbox"/> III <i>Severe Systemic Disease</i>	<input type="checkbox"/> IV <i>Life threatening severe systemic disease</i>	<input type="checkbox"/> V <i>Moribund, not expected to survive without operation</i>	<input type="checkbox"/> VI <i>Declared brain dead, organ donor</i>
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Procedures

Check ALL of the procedures performed. Indicate (circle) the Primary Procedure.
Proc (1480) **Primary (1500)**

- | Trachea, Bronchi, Larynx | |
|--|--|
| <input type="checkbox"/> Tracheostomy, planned (31600) | <input type="checkbox"/> Rigid stent removal |
| <input type="checkbox"/> Tracheostomy replacement (tube change) prior to est. of fistula tract (31502) | <input type="checkbox"/> Unlisted procedure, trachea, bronchi (31899) |
| <input type="checkbox"/> Tracheostomy revision simple, without flap (31613) | |
| <input type="checkbox"/> Bronchogenic cyst removal | <input type="checkbox"/> Tracheal stenosis excision and anastomosis; cervicothoracic (31781) |
| <input type="checkbox"/> Bronchial laceration suture | <input type="checkbox"/> Tracheal tumor or carcinoma excision; cervical (31785) |
| <input type="checkbox"/> Bronchial sleeve resection | <input type="checkbox"/> Tracheal tumor or carcinoma excision; thoracic (31786) |
| <input type="checkbox"/> Bronchoplasty, graft repair (31770) | <input type="checkbox"/> Tracheal wound or injury suture repair; cervical (31800) |
| <input type="checkbox"/> Bronchoplasty; excision stenosis and anastomosis (31775) | <input type="checkbox"/> Tracheal wound or injury suture repair; intrathoracic (31805) |
| <input type="checkbox"/> Bronchopleural fistula closure (32906) | <input type="checkbox"/> Tracheoplasty; cervical (31750) |

<input type="checkbox"/> Carinal reconstruction (31766)	<input type="checkbox"/> Tracheoplasty; intrathoracic (31760)
<input type="checkbox"/> Laryngectomy, partial (31370)	<input type="checkbox"/> Tracheostomy revision complex, with flap (31614)
<input type="checkbox"/> Tracheal stenosis excision and anastomosis; cervical (31780)	<input type="checkbox"/> Tracheostomy mediastinal
Bronchoscopy	
<input type="checkbox"/> Bronchoscopy, diagnostic, with or without cell washing (31622) <input type="checkbox"/> Bronchoscopy, each additional major bronchus stented (31637) <input type="checkbox"/> Bronchoscopy, navigational (31627) <input type="checkbox"/> Bronchoscopy, with bronchial alveolar lavage (BAL) (31624) <input type="checkbox"/> Bronchoscopy, with bronchial or endobronchial biopsy(s), single or multiple sites (31625) <input type="checkbox"/> Bronchoscopy, with brushing or protected brushings (31623) <input type="checkbox"/> Bronchoscopy, with destruction of tumor or relief of stenosis by any method other than excision (e.g., laser therapy) (31641) <input type="checkbox"/> Bronchoscopy, with excision of tumor (31640) <input type="checkbox"/> Bronchoscopy, with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus (31636) <input type="checkbox"/> Bronchoscopy, with placement of catheter(s) for intracavitary radioelement application (31643) <input type="checkbox"/> Bronchoscopy, with placement of Fiducial markers (31626) <input type="checkbox"/> Bronchoscopy, with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required) (31631) <input type="checkbox"/> Bronchoscopy, with removal of foreign body (31635) <input type="checkbox"/> Bronchoscopy, with revision of tracheal or bronchial stent inserted at previous session (31638) <input type="checkbox"/> Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, initial (drainage of lung abscess) (31645) <input type="checkbox"/> Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, subsequent (31646) <input type="checkbox"/> Bronchoscopy, with tracheal/bronchial dilation or closed reduction of fracture (31630) <input type="checkbox"/> Bronchoscopy, with transbronchial lung biopsy(s), each additional lobe (31632) <input type="checkbox"/> Bronchoscopy, with transbronchial lung biopsy(s), single lobe (31628) <input type="checkbox"/> Bronchoscopy, with transbronchial needle aspiration biopsy(s) (31629) <input type="checkbox"/> Bronchoscopy, with transbronchial needle aspiration biopsy(s), each additional lobe (31633) <input type="checkbox"/> Endobronchial ultrasound (EBUS) during bronchoscopy diagnostic or therapeutic intervention(s) (31620) <input type="checkbox"/> Tracheobronchoscopy through established tracheostomy incision (31615)	
Pleural Space and Lung	
<input type="checkbox"/> Thoracoscopy, diagnostic lungs and pleural space, without biopsy (32601) <input type="checkbox"/> Thoracoscopy, surgical; with pleurodesis (e.g., mechanical or chemical) (32650) <input type="checkbox"/> Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit (32653) <input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(s) of lung infiltrate(s) (eg wedge), unilateral (32607) <input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(s) of lung nodule(s) or mass(es) (eg incisional), unilateral (32608) <input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(s) of pleura (32609) <input type="checkbox"/> Thoracostomy; with rib resection for empyema (32035) <input type="checkbox"/> Thoracostomy; with open flap drainage for empyema (32036) <input type="checkbox"/> Thoracotomy with biopsy(s) lung infiltrate(s) (eg wedge), unilateral (32096) <input type="checkbox"/> Thoracotomy with biopsy(s) lung nodule(s) or masses (eg incisional), unilateral (32097) <input type="checkbox"/> Thoracotomy with biopsy(s) of pleura (32098) <input type="checkbox"/> Thoracotomy with cardiac massage (32160) <input type="checkbox"/> Pleural scarification for repeat pneumothorax (32215) <input type="checkbox"/> Insertion indwelling tunneled pleural catheter (32550) <input type="checkbox"/> Repair lung hernia through chest wall (32800) <input type="checkbox"/> Closure of chest wall following open flap drainage for empyema (Clagett type procedure) (32810) <input type="checkbox"/> Total lung lavage (for alveolar proteinosis) (32997) <input type="checkbox"/> Radio-frequency ablation (RFA) lung tumor (32998) <input type="checkbox"/> Unlisted procedure, lung (32999) <input type="checkbox"/> Thoracoscopy, surgical; with partial pulmonary decortication (32651) <input type="checkbox"/> Thoracoscopy, surgical; with total pulmonary decortication (32652) <input type="checkbox"/> Thoracoscopy, surgical; with control of traumatic hemorrhage (32654) <input type="checkbox"/> Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure (32655) <input type="checkbox"/> Thoracoscopy, surgical; with parietal pleurectomy (32656) <input type="checkbox"/> Thoracoscopy, surgical; with lobectomy (32663) <input type="checkbox"/> Thoracoscopy with therapeutic wedge resection (eg mass or nodule, initial, unilateral) (32666) <input type="checkbox"/> Thoracoscopy with therapeutic wedge resection(eg mass or nodule) each additional resection, ipsilateral (32667) List separately in addition to primary procedure code <input type="checkbox"/> Thoracoscopy with diagnostic wedge resection followed by anatomic lung resection (32668), List separately in addition to primary procedure code <input type="checkbox"/> Thoracoscopy with removal of a single lung segment (segmentectomy) (32669) <input type="checkbox"/> Thoracoscopy with removal of two lobes (bilobectomy) (32670) <input type="checkbox"/> Thoracoscopy with removal of lung, pneumonectomy (32671) <input type="checkbox"/> Thoracoscopy with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction-LVRS, unilateral including any pleural procedure (32672) <input type="checkbox"/> Thoracotomy with therapeutic wedge resection (eg mass nodule) initial (32505) <input type="checkbox"/> Thoracotomy with therapeutic wedge resection (eg mass nodule) each additional resection, ipsilateral (+32506) List separately in addition to primary procedure code <input type="checkbox"/> Thoracotomy with diagnostic wedge resection followed by anatomic lung resection (+32507), List separately in addition to primary proc code <input type="checkbox"/> Thoracotomy, with exploration (32100) <input type="checkbox"/> Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear (32110) <input type="checkbox"/> Thoracotomy, major; for postoperative complications (32120) <input type="checkbox"/> Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure (32140) <input type="checkbox"/> Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure (32141) <input type="checkbox"/> Thoracotomy, major; with removal of intrapleural foreign body or hematoma (32150) <input type="checkbox"/> Thoracotomy with open intrapleural pneumolysis (32124) <input type="checkbox"/> Decortication, pulmonary, total (32220)	

- Decortication, pulmonary, partial (32225)
- Pleurectomy, parietal (32310)
- Decortication and parietal pleurectomy (32320)
- Removal of lung, total pneumonectomy; (32440)
- Removal of lung, sleeve (carinal) pneumonectomy (32442)
- Removal of lung, total pneumonectomy; extrapleural (32445)
- Removal of lung, single lobe (lobectomy) (32480)
- Removal of lung, two lobes (bilobectomy) (32482)
- Removal of lung, single segment (segmentectomy) (32484)
- Removal of lung, sleeve lobectomy (32486)
- Removal of lung, completion pneumonectomy (32488)
- Removal of lung, excision-plication of emphysematous lung(s) for lung volume reduction (LVRS) (32491)
- Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (32501)
- Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, without chest wall reconstruction(s) (32503)
- Resection of apical lung tumor (e.g., Pancoast tumor), including chest wall resection, with chest wall reconstruction (32504)

Lung Other

- Open closure of major bronchial fistula (32815)
- Thoracoplasty with closure of bronchopleural fistula (32906)
- Single lung transplant (32851)
- Single lung transplant with CPB (32852)
- Double lung transplant (32853)
- Double lung transplant with CPB (32854)

Mediastinum and Diaphragm

- Thoracoscopy, diagnostic; mediastinal space, with biopsy (32606)
- Mediastinotomy with exploration or biopsy; cervical approach (39000)
- Mediastinotomy with exploration or biopsy; transthoracic approach (39010)
- Mediastinoscopy, with or without biopsy (39400)
- Unlisted procedure, mediastinum (39499)
- Unlisted procedure, diaphragm (39599)
- Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass (32662)
- Thoracoscopy with mediastinal and regional lymphadenectomy (+32674) List separately in addition to primary procedure code
- Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (38746)
- Mediastinal cyst, excision, open, Transthoracic approach (39200)
- Mediastinal tumor, excision, open, Transthoracic approach (39220)
- Thymus, resection via Thoracoscopy unilateral or bilateral (32673)
- Thymectomy, transcervical approach (60520)
- Thymectomy, transthoracic approach (60521)
- Thymectomy, transthoracic approach, with radical mediastinal dissection (60522)
- Diaphragm, laceration repair, any approach (39501)
- Diaphragmatic hernia repair (other than neonatal), traumatic; acute (39540)
- Diaphragmatic hernia repair (other than neonatal), traumatic; chronic (39541)
- Diaphragm imbrication (i.e., plication) of (39545)
- Diaphragm; resection with simple repair (e.g., primary suture) (39560)
- Diaphragm; resection with complex repair (e.g., prosthetic material, local muscle flap) (39561)

Esophagoscopy

- Esophagoscopy (43200)
- Esophagoscopy with biopsy (43202)
- Esophagoscopy with removal of foreign body (43215)
- Esophagoscopy with insertion of stent (43219)
- Esophagoscopy with balloon dilation (43220)
- Esophagoscopy with insertion of guide wire followed by dilation over guide wire (43226)
- Esophagoscopy with ablation of tumor (43228)
- Esophagoscopy with endoscopic ultrasound examination (EUS) (43231)
- Esophagoscopy with transendoscopic ultrasound-guided fine needle aspiration (43232)
- Upper gastrointestinal endoscopy, diagnostic (43235)
- Upper gastrointestinal endoscopy with endoscopic ultrasound examination limited to the esophagus (43237)
- Upper gastrointestinal endoscopy with transendoscopic ultrasound-guided FNA (43238)
- Upper gastrointestinal endoscopy with biopsy (43239)
- Upper gastrointestinal endoscopy with dilation of gastric outlet for obstruction (43245)
- Upper gastrointestinal endoscopy with directed placement of percutaneous gastrostomy tube (43246)
- Upper gastrointestinal endoscopy with removal of foreign body (43247)
- Upper gastrointestinal endoscopy with insertion of guide wire followed by dilation of esophagus (43248)
- Upper gastrointestinal endoscopy with balloon dilation of esophagus (43249)
- Upper gastrointestinal endoscopy with transendoscopic stent placement (43256)
- Upper gastrointestinal endoscopy with ablation of tumor (43258)

Esophagus Resection

- Transhiatal-Total esophagectomy, without thoracotomy, with cervical esophagogastrostomy (43107)
- Three hole-Total esophagectomy with thoracotomy; with cervical esophagogastrostomy (43112)
- Ivor Lewis-Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision (43117)
- Thoracoabdominal-Partial esophagectomy, thoracoabdominal approach (43122)
- Minimally invasive three hole esophagectomy

- Minimally invasive esophagectomy, Ivor Lewis approach
- Minimally invasive esophagectomy, Abdominal and neck approach
- Total esophagectomy without thoracotomy; with colon interposition or small intestine reconstruction (43108)
- Total esophagectomy with thoracotomy; with colon interposition or small intestine reconstruction (43113)
- Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis (43116)
- Partial esophagectomy, with thoracotomy and separate abdominal incision with colon interposition or small intestine (43118)
- Partial esophagectomy, distal two-thirds, with thoracotomy only (43121)
- Partial esophagectomy, thoracoabdominal with colon interposition or small intestine (43123)
- Total or partial esophagectomy, without reconstruction with cervical esophagostomy (43124)
- Conduit revision s/p esophagectomy

Esophagus Other Procedures

- Cricopharyngeal myotomy (43030)
- Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach (43130)
- Esophagostomy, fistulization of esophagus, external; cervical approach (43352)
- Closure of esophagostomy or fistula; cervical approach (43420)
- Excision esophageal lesion with primary repair, cervical approach (43100)
- Trans oral fundoplication
- Unlisted laparoscopy, esophagus (43289)
- Unlisted procedure, esophagus (43499)
- Per oral endoscopic myotomy (POEM)
- Laparoscopy, surgical with repair of paraesophageal hernia (fundoplasty) without mesh (43281)
- Laparoscopy, surgical with repair of paraesophageal hernia (fundoplasty) with mesh (43282)
- Laparoscopy, surgical, esophageal lengthening procedure (Collis) (43283) Secondary Procedure code
- Laparoscopy, surgical, esophagogastric fundoplasty (e.g., Nissen, Toupet procedures) (43280)
- Laparoscopic esophageal myotomy (Heller Myotomy, with or without fundoplication) (43279)
- Thoracoscopy, surgical; with esophagomyotomy (Heller type) (32665)
- Nissen fundoplasty- laparotomy (includes partial fundoplication/wrap) (43327)
- Transthoracic Fundoplication- open thoracotomy (includes Belsey/Nissen) (43328)
- Repair, paraesophageal hiatal hernia via laparotomy without mesh (43332)
- Repair, paraesophageal hiatal hernia via laparotomy with mesh (43333)
- Repair, paraesophageal hiatal hernia via thoracotomy without mesh (43334)
- Repair, paraesophageal hiatal hernia via thoracotomy with mesh (43335)
- Repair, paraesophageal hiatal hernia via thoracoabdominal approach without mesh (43336)
- Repair, paraesophageal hiatal hernia via thoracoabdominal approach with mesh (43337)
- Esophageal lengthening procedure - open (Collis) Secondary Procedure code (43338)
- Diverticulectomy of esophagus, with or without myotomy; thoracic approach (43135)
- Excision Esophageal lesion with primary repair, thoracic approach (eg: leiomyoma) (43101)
- Esophagoplasty with repair of TEF, cervical approach (43305)
- Esophagoplasty with repair TEF, thoracic approach (43312)
- Esophagomyotomy (Heller type); thoracic approach (43331)
- Gastrointestinal reconstruction for previous esophagectomy with stomach (43360)
- Gastrointestinal reconstruction for previous esophagectomy with colon interposition or small intestine (43361)
- Ligation or stapling at gastroesophageal junction for esophageal perforation (43405)
- Suture of esophageal wound or injury; cervical approach (43410)
- Suture of esophageal wound or injury; transthoracic or transabdominal approach (43415)
- Free jejunum transfer with microvascular anastomosis (43496)
- Total gastrectomy with esophagoenterostomy (43620)
- Total gastrectomy with Roux-en-Y reconstruction (43621)

Chest Wall and Neck

- Excision tumor, soft tissue of neck or thorax; subcutaneous (21555)
- Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular (21556)
- Excision of rib, partial (21600)
- Excision first and/or cervical rib (21615)
- Excision first and/or cervical rib; with sympathectomy (21616)
- Division of scalenus anticus; without resection of cervical rib (21700)
- Division of scalenus anticus; with resection of cervical rib (21705)
- Open treatment of sternum fracture with or without skeletal fixation (21825)
- Hyoid myotomy and suspension (21685) secondary procedure code
- Removal of sternal wire(s)
- Unlisted procedure, neck or thorax (21899)
- Major reconstruction, chest wall (posttraumatic) (32820)
- Muscle flap, neck (15732)
- Muscle flap; trunk (i.e., intercostal, pectoralis or serratus muscle) (15734)
- Excision of chest wall tumor including ribs (19260)
- Excision of chest wall tumor involving ribs, with reconstruction (19271)
- Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or thorax (21557)
- Radical resection of sternum (21630)
- Radical resection of sternum; with mediastinal lymphadenectomy (21632)
- Reconstructive repair of pectus excavatum or carinatum; open (21740)
- Reconstructive repair of pectus, minimally invasive approach (Nuss procedure), without thoracoscopy (21742)
- Reconstructive repair of pectus, minimally invasive approach (Nuss procedure), with thoracoscopy (21743)

Miscellaneous

- Thoracoscopy, diagnostic pericardial sac, with biopsy (32604)
- Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac (32658)
- Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage (32659)
- Tube pericardiostomy (33015)
- Pericardial window (33025)
- Thoracoscopy, surgical; with thoracic sympathectomy (32664)
- Removal substernal thyroid, cervical approach (60271)
- Application of wound vac (97605, 97606)
- Stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT),surgeon participation (32701)
- Other Minor Procedure
- Thoracoscopy, surgical; with total pericardiectomy (32660)
- Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass (32661)
- Ligation thoracic duct (38381)
- Intraoperative jejunostomy (44015)
- Omental flap (49904)
- Transthoracic thyroidectomy (60270)
- SVC resection and reconstruction (34502)
- Other

Procedure Unlisted – Specify: ProcOth(1490)	Enter Name of unlisted Procedure(s): _____ _____
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Procedure Unlisted – CPT: ProcOthCPT(1491)	Enter 5 digit CPT code(s) of unlisted procedure, if known: _____ _____
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Lung Resection Performed: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes →</i> LungResect (1510)	Laterality: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral Laterality (1520) Bronchus covered with vascularized tissue: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown BronchCovTis (1521)
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Esophagectomy Performed: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes →</i> Esophag (1522)	Gastric emptying intervention: <input type="checkbox"/> Pyloroplasty <input type="checkbox"/> Pyloromyotomy <input type="checkbox"/> Botox injection <input type="checkbox"/> Other <input type="checkbox"/> None GasEmpty (1523)
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Patient Disposition: <input type="checkbox"/> ICU PatDisp (1530) <input type="checkbox"/> Not Applicable (Expired in OR)	<input type="checkbox"/> Intermediate Care Unit <input type="checkbox"/> Regular Floor Bed <input type="checkbox"/> Outpatient or Observation Status
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ICU Admit this admission: <input type="checkbox"/> Yes <input type="checkbox"/> No ICUVisitNit(1532)	
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<i>If Yes →</i> Initial ICU Days: _____ ICUVisitNitDays(1533)	ICU Readmit: <input type="checkbox"/> Yes <input type="checkbox"/> No ICUVisitAdd(1534)	<i>If Yes →</i> Additional ICU Days: _____ ICUVisitAddDays(1535)	
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Pathological Staging of the Lung - to be completed if lung cancer documented AND lung resection performed (Pre-Operative Evaluation – Lung Cancer = Yes)

<i>If Yes →</i>	Lung Tumor: PathStageLungT(1540)	<input type="checkbox"/> TX <i>Tumor cannot be assessed</i>	<input type="checkbox"/> T0 <i>No evidence of primary tumor</i>	<input type="checkbox"/> Tis <i>Carcinoma in situ</i>	<input type="checkbox"/> T1a <i>Tumor ≤ 2cm</i>
	<input type="checkbox"/> T1b <i>Tumor >2 cm but ≤ 3 cm</i>	<input type="checkbox"/> T2a <i>Tumor >3cm but ≤5 cm or tumor of lesser size which invades main bronchus ≥ 2 cm distal to carina, invades visceral pleura or associated with atelectasis or pneumonitis which extends to the hilar region but does not involve the entire lung</i>			<input type="checkbox"/> T2b <i>Tumor >5 cm but ≤ 7cm</i>
	<input type="checkbox"/> T3 <i>Tumor > 7 cm or one of any size that invades parietal pleura, chest wall, diaphragm, phrenic nerve, pericardium, main bronchus (not involving carina), causes obstructive atelectasis or pneumonitis of the entire lung or a separate tumor in the same lobe</i>		<input type="checkbox"/> T4 <i>Tumor of any size that invades mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, carina or separate tumor in a different ipsilateral lobe</i>		
	Lung CA Nodes: PathStageLungN (1550)	<input type="checkbox"/> NX <i>Regional lymph nodes cannot be assessed</i>	<input type="checkbox"/> N0 <i>No regional lymph node metastasis</i>	<input type="checkbox"/> N1 <i>Metastasis in ipsilateral peribronchial and/or ipsilateral hilar nodes, intrapulmonary nodes, includes direct extension</i>	
		<input type="checkbox"/> N2 <i>Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)</i>		<input type="checkbox"/> N3 <i>Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene or supraclavicular lymph node(s)</i>	
	Lung CA Metastases: PathStageLungM(1560)	<input type="checkbox"/> M0 <i>No distant metastasis</i>	<input type="checkbox"/> M1 <i>Distant metastasis</i>		

Lung CA Histology: LungCAHist (1561)		<input type="checkbox"/> Carcinoma in situ –Bronchioalveolar (BAC) <input type="checkbox"/> Large cell <i>If Neuroendocrine →</i> <input type="checkbox"/> Low grade LungCAHistGrade (1562)	<input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Neuroendocrine <input type="checkbox"/> Intermediate grade <input type="checkbox"/> High grade	<input type="checkbox"/> Squamous cell <input type="checkbox"/> Mixed
Total # of Lymph Nodes sampled/harvested: _____ LungCANodes(1570)		Total # of Nodal Stations sampled/harvested: _____ LungCANodStat (1571)		
Lung CA Resection Margins Positive: <input type="checkbox"/> Yes <input type="checkbox"/> No LungCAPathMarg(1580)				

Pathological Staging of the Esophagus to be completed if esophageal cancer documented AND esophageal resection performed (Pre-Operative Evaluation – Esophageal Cancer = Yes)

If Yes →	Esophageal Tumor: PathStageEsophT (1590)	<input type="checkbox"/> TX <i>Tumor cannot be assessed</i>	<input type="checkbox"/> T0 <i>No evidence of primary tumor</i>	<input type="checkbox"/> Tis <i>High Grade Dysplasia</i>	<input type="checkbox"/> T1a <i>Tumor invades lamina propria or muscularis mucosa</i>	<input type="checkbox"/> T1b <i>Tumor invades submucosa</i>	
		<input type="checkbox"/> T2 <i>Tumor invades muscularis propria</i>	<input type="checkbox"/> T3 <i>Tumor invades adventitia</i>	<input type="checkbox"/> T4a <i>Resectable tumor invades pleura, pericardium or diaphragm</i>	<input type="checkbox"/> T4b <i>Unresectable tumor invading other adjacent structures such as aorta, vertebral body, trachea, etc.</i>		
	Esophageal CA Nodes: PathStageEsophN (1600)	<input type="checkbox"/> NX <i>Regional lymph nodes cannot be assessed</i>	<input type="checkbox"/> N0 <i>No regional lymph node metastasis</i>	<input type="checkbox"/> N1 <i>Metastasis in 1-2 regional nodes</i>			
		<input type="checkbox"/> N2 <i>Metastasis in 3-6 regional lymph nodes</i>	<input type="checkbox"/> N3 <i>Metastasis in 7 or more regional lymph nodes</i>				
	Esophageal CA Metastases: PathStageEsophM (1610)	<input type="checkbox"/> M0 <i>No distant metastasis</i>	<input type="checkbox"/> M1 <i>Distant metastasis</i>	Esoph Histopathologic Type: PathStageEsophH(1620)	<input type="checkbox"/> H1 <i>Squamous Carcinoma</i>	<input type="checkbox"/> H2 <i>Adenocarcinoma</i>	<input type="checkbox"/> Other
		<input type="checkbox"/> GX <i>Grade cannot be assessed</i>	<input type="checkbox"/> G1 <i>Well differentiated</i>		<input type="checkbox"/> G2 <i>Moderately differentiated</i>		
	<input type="checkbox"/> G3 <i>Poorly differentiated</i>	<input type="checkbox"/> G4 <i>Undifferentiated</i>					
	Total # of Lymph Nodes sampled/harvested: _____ EsophCANodes(1640)	Esophageal CA Resection Margins Positive: <input type="checkbox"/> Yes <input type="checkbox"/> No EsophCAPathMarg(1650)					

Post-Operative Events

Indicate all adverse events that occurred within 1 month of surgery if discharged from the hospital or those that occur during the same admission, regardless of the length of stay.

Postoperative Events? Yes No *If Yes, select all that occurred:* ↓ **POEvents (1710)**

Unexpected Return to the OR: <input type="checkbox"/> Yes <input type="checkbox"/> No ReturnOR (1720)	If Yes → Primary Reason for Return to OR: ReturnORrsn(1730) <input type="checkbox"/> Bleeding <input type="checkbox"/> Anastomotic leak following esophageal surgery <input type="checkbox"/> Bronchopleural Fistula <input type="checkbox"/> Empyema <input type="checkbox"/> Chylothorax req. surgical ligation of thoracic duct <input type="checkbox"/> Conduit necrosis/failure following esophageal surgery <input type="checkbox"/> Other				
Pulmonary					
Air leak > 5 days duration AirLeak5 (1750)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Atelectasis req. bronchoscopy Atelectasis (1760)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pleural Effusion req. drainage CPiEff(1770)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumonia Pneumonia (1780)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adult Respiratory Distress Syndrome (ARDS) ARDS (1790)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Respiratory Failure RespFail(1800)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bronchopleural Fistula Bronchopleural (1810)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pulmonary Embolus PE(1820)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pneumothorax req. CT reinsertion Pneumo(1830)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Vent Support > 48 Hr Vent(1840)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tracheostomy Trach(1860)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tracheobronchial Injury TrachBronchInj (1861)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Pulmonary Event OtherPul(1870)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Cardiovascular					
Atrial arrhythmia req. treatment AtrialArryth (1880)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ventricular arrhythmia req. treatment VentArryth (1890)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Myocardial infarct MI (1900)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deep venous thrombosis (DVT) req. treatment DVT (1910)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other CV event OtherCV (1920)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gastrointestinal					

Ileus Ileus (1940)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anastomotic leak requiring medical treatment only AnastoMed(1950)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dilation esophagus DilationEsoph (1970)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conduit Necrosis Requiring Surgery CondNecSurg (1971)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delayed conduit emptying requiring intervention (pyloric dilatation or botox) or maintenance of NG drainage > 7 days post op			<input type="checkbox"/> Yes <input type="checkbox"/> No
Clostridium Difficile infection CDiff 1973	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other GI event OtherGI (1980)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hematology			
Packed red blood cells PostopPRBC (1990)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes→ # Units _____ PostopPRBCUnits (2000)	
Urologic			
Urinary tract infection UTI (2010)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Urinary retention req. Catheterization UrinRetent(2020)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Discharged with Foley catheter DischFoley(2030)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Infection			
Empyema req. treatment Empyema (2040)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surgical Site Infection SurgSiteInfect(2060)	<input type="checkbox"/> None <input type="checkbox"/> Superficial <input type="checkbox"/> Deep <input type="checkbox"/> Organ space
Sepsis Sepsis (2070)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Another infection req. IV antibiotics OtherInfect (2080)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neurology			
New central neurological event CentNeuroEvt (2090)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurrent laryngeal nerve paresis ReclarynParesis (2100)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other neurological event OtherNeuro (2120)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Delirium Delirium (2110) <input type="checkbox"/> Yes <input type="checkbox"/> No
Miscellaneous			
New renal failure per RIFLE criteria RenFailRIFLE (2140)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chylothorax req. medical intervention ChyloMed (2150)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other events req. OR with gen. anesthesia OtherSurg (2170)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unexpected Admission to ICU UnexpectAdmitICU (2180)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Discharge

Date of Discharge: _____ / _____ / _____ DischDt (2190)	Discharge Status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead MtDCStat (2200)
<i>If Alive →</i>	Discharge location: <input type="checkbox"/> Home <input type="checkbox"/> Extended Care/Transitional Care Unit /Rehab DisLoctn (2210) <input type="checkbox"/> Other Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other
	Discharged with chest tube: <input type="checkbox"/> Yes <input type="checkbox"/> No CTubeDis (2220)
	Readmit to any hospital within 30 days of discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Readm30Dis(2230)
<i>If Yes →</i>	Readmission related to operative procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Readm30DisRel (2231)
	Status at 30 days after surgery: <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown Mt30Stat (2240)

Quality Measures

IV antibiotics ordered to be given within 1 hour before incision: IVAntibioOrdered (2290)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated for procedure
IV antibiotics given within 1 hour before incision: IVAntibioGiven (2300)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated for procedure
Cephalosporin Antibiotic Ordered CephalAntiOrdered (2310)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not indicated for procedure <input type="checkbox"/> Documented allergy or indication for therapeutic substitution
Prophylactic Antibiotic Discontinuation Ordered within 24 hr AntibioticDiscOrdered (2320)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, due to documented infection <input type="checkbox"/> Not indicated for procedure
DVT Prophylaxis Measures employed DVTProphylaxis (2330)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Smoking Cessation Counseling SmokCoun (2340)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient refused <input type="checkbox"/> Nonsmoker