



The Society of Thoracic Surgeons General Thoracic Surgery Database Non-Analyzed Procedure Data Collection Form Version 2.41

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- Procedures listed on this form, unless performed in conjunction with a major procedure, are not risk adjusted or analyzed and are not mandatory to collect.
- If the Surgeon Participant chooses to track these cases, the following data set is recommended.

A. Demographics

Patient ID: _____ PatID (80)		Medical Record #: _____ MedRecN (90)	
First Name: _____ PatFName (100)	Middle Name: _____ PatMName(110)	Last Name: _____ PatLName (120)	SSN#: _____ SSN (130)
Patient participating in STS-related clinical trial: ClinTrial (140) <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 (150)			
Date of Birth: ____/____/____ DOB (160) (mm/dd/yyyy)	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 (200)			
Race: <i>If Yes select all that apply</i>		White/Caucasian RaceCaucasian (210)	Black/African American RaceBlack (220)
		Asian RaceAsian (230)	American Indian/Alaskan Native RaceNativeAm (240)
		Native Hawaiian/Pacific Islander RacNativePacific (250)	Other RaceOther (260)
Hispanic or Latino Ethnicity: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented Ethnicity (270)			

B. Admission

Admission Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient / Observation AdmissionStat (280)		If Inpatient → Admission Date: ____/____/____ AdmitDt (290)	
Payor: Indicate the Primary payor: PayorPrim (300) <input type="checkbox"/> None/self <input type="checkbox"/> Medicare <i>If Medicare → Fee For Service: <input type="checkbox"/> Yes <input type="checkbox"/> No PrimMCareFFS (310)</i> <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		If Primary Payor is not None/Self → Indicate the Secondary (supplemental) payor: PayorSecond (320) <input type="checkbox"/> None/self <input type="checkbox"/> Medicare <i>If Medicare → Fee For Service: <input type="checkbox"/> Yes <input type="checkbox"/> No SecondMCareFFS (330)</i> <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 (340)		Surgeon's National Provider ID: _____ SurgNPI (350)	
Taxpayer ID#: _____ TIN (360)		Hospital Name: _____ HospName (370)	
Hospital Postal Code: _____ HospZIP (380)	Hospital Region: _____ HospStat (390)	Hospital's National Provider ID: _____ HospNPI (400)	

D. Diagnosis (Category of Disease)

Category of Disease: Check both Primary and Secondary Diagnosis (Category of Disease) (ICD-9, ICD-10). Indicate (circle) the Primary Diagnosis. CategoryPrim (1250) CategorySecond (1280)
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Note: Diagnosis is based on final pathology report.	
<input type="checkbox"/> No Secondary Diagnosis (for Category of Disease - Secondary field only)	
Lung Cancer	
<input type="checkbox"/> Lung cancer, main bronchus, carina (162.2, C34.00)	<input type="checkbox"/> Lung cancer, lower lobe (162.5, C34.30)
<input type="checkbox"/> Lung cancer, upper lobe (162.3, C34.10)	<input type="checkbox"/> Lung cancer, location unspecified (162.9, C34.90)
<input type="checkbox"/> Lung cancer, middle lobe (162.4, C34.2)	<input type="checkbox"/> Lung tumor, metastatic (197.0, C78.00)
<input type="checkbox"/> Malignant neoplasm other parts of bronchus or lung (162.8, C34.8)	<input type="checkbox"/> Personal history of malignant neoplasm of bronchus and lung (V10.11, Z85.118)
<input type="checkbox"/> Neoplasm of uncertain behavior of trachea, bronchus and lung (235.7, DM38.1)	
Esophagus Cancer	
<input type="checkbox"/> Esophageal cancer, esophagogastric junction (cardia) (151.0, C16.0)	<input type="checkbox"/> Malignant neo stomach unspecified (151.9, C16.9)
<input type="checkbox"/> Esophageal cancer, upper third (150.3, C15.3)	<input type="checkbox"/> Malignant neoplasm of the esophagus, unspecified (150.9, C15.9)
<input type="checkbox"/> Esophageal cancer, middle third (150.4, C15.4)	<input type="checkbox"/> Malignant other part esophagus, specified (150.8, C15.8)
<input type="checkbox"/> Esophageal cancer-lower third (150.5, C15.5)	
Thymus / Mediastinal Mass	
<input type="checkbox"/> Anterior mediastinal tumor primary(germ cell cancer, seminoma) (164.2, C38.1)	<input type="checkbox"/> Anterior mediastinal tumor-thymus tumor (thymoma, thymic carcinoma) (164.0, C37)
<input type="checkbox"/> Anterior mediastinal tumor-metastatic (197.1, C78.1)	<input type="checkbox"/> Posterior mediastinal tumor-metastatic (197.1, C78.1)
<input type="checkbox"/> Posterior mediastinal malignant tumor- primary (164.3, C38.2)	<input type="checkbox"/> Neoplasm of uncertain behavior of pleura, thymus, mediastinum (235.8, D38.2-D38.4)
<input type="checkbox"/> Anterior mediastinal tumor-benign-(e.g., teratoma) (212.5, D15.2)	<input type="checkbox"/> Myasthenia gravis (358.0, G70.00)
Trachea	
<input type="checkbox"/> Tracheal tumor, malignant (162.0, C33)	<input type="checkbox"/> Tracheal stenosis, congenital (748.3, Q32.1)
<input type="checkbox"/> Tracheal tumor, benign (212.2, D14.2)	<input type="checkbox"/> Subglottic stenosis-congenital (748.3, Q31.1)
<input type="checkbox"/> Tracheal tumor, metastatic (197.3, C78.30)	<input type="checkbox"/> Subglottic stenosis-acquired (post intubation) (478.74, J38.6)
<input type="checkbox"/> Tracheal stenosis, acquired (519.19, J39.8)	<input type="checkbox"/> Tracheostomy related stenosis (519.02, J95.03)
Hiatal Hernia / GERD	
<input type="checkbox"/> Esophageal reflux (GERD) (530.81, K21.9)	<input type="checkbox"/> Diaphragmatic hernia, with obstruction, without gangrene (552.3, K44.0)
<input type="checkbox"/> Reflux esophagitis (530.11, K21.0)	<input type="checkbox"/> Diaphragmatic hernia with gangrene (551.3, K44.1)
<input type="checkbox"/> Barrett's esophagus (530.85, K22.70)	<input type="checkbox"/> Diaphragmatic hernia without obstruction or gangrene (553.3, K44.9)
<input type="checkbox"/> Barrett's esophagus with High Grade Dysplasia (530.85, K22.711)	
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)	
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"/> Diaphragm tumor, metastatic (198.89, C79.89)
<input type="checkbox"/> Diaphragm tumor, malignant (171.4, C49.3)	<input type="checkbox"/> Diaphragmatic paralysis (519.4, J98.6)
Esophagus - Other	

<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"/> Dyskinesia/spasm of esophagus (530.5, K22.4)	<input type="checkbox"/> Mallory Weiss tear (530.7, K22.6)
<input type="checkbox"/> Epiphrenic diverticulum (530.6, K22.5)	<input type="checkbox"/> Stricture and stenosis of esophagus (530.3, K22.2)
<input type="checkbox"/> Esophageal perforation (530.4, K22.3)	<input type="checkbox"/> Tracheoesophageal fistula (530.84, J86.0)
<input type="checkbox"/> Esophageal stricture (530.3, K22.2)	<input type="checkbox"/> Ulcer esophagus with bleeding (530.21, K22.11)
<input type="checkbox"/> Esophageal tumor-benign (i.e., leiomyoma) (211.0, D13.0)	<input type="checkbox"/> Ulcer esophagus without bleeding (530.2, K22.10)
<input type="checkbox"/> Esophagitis (530.1, K20.9)	<input type="checkbox"/> Zenkers diverticulum (530.6, K22.5)
<input type="checkbox"/> Other disease of the esophagus (530.89, K22.8)	<input type="checkbox"/> Other digestive system complication (997.49, K91.XX)
Lung – Other	
<input type="checkbox"/> Acute respiratory failure (518.81, J96.00)	<input type="checkbox"/> Lung tumor, benign (e.g., hamartoma) (212.3, D14.30)
<input type="checkbox"/> Aspergillosis (117.3, B44.9)	<input type="checkbox"/> Pneumonia (486.0, J18.9)
<input type="checkbox"/> Bronchiectasis (494.0, J47.9)	<input type="checkbox"/> Post inflammatory pulmonary fibrosis (515, J84.89)
<input type="checkbox"/> Cystic fibrosis with pulmonary manifestations (277.02, E84.0)	<input type="checkbox"/> Primary pulmonary hypertension (416.0, I 27.0)
<input type="checkbox"/> Emphysema (492.8, J43.8)	<input type="checkbox"/> Pulmonary insufficiency following surgery/trauma (ARDS) (518.5, J95.82)
<input type="checkbox"/> Emphysematous bleb (492.0, J43.9)	<input type="checkbox"/> Pulmonary sequestration (748.5, Q33.2)
<input type="checkbox"/> Lung abscess (513.0, J85.2)	<input type="checkbox"/> Transplanted lung complication(s) (996.84, T86.8XX)
<input type="checkbox"/> Interstitial lung disease/fibrosis (516.3, J84.1)	<input type="checkbox"/> Gangrene and necrosis of lung (513.0, J85.0)
<input type="checkbox"/> Pneumothorax (512.8, J93.1)	<input type="checkbox"/> Hemothorax (511.8, J94.2)
<input type="checkbox"/> Solitary pulmonary nodule (not a tumor, e.g., granuloma, subpleural lymph node, pulmonary infarct) (793.11, R91.1)	
Mediastinum	
<input type="checkbox"/> Mediastinal nodes, metastatic (196.1, C77.1)	<input type="checkbox"/> Mediastinal cyst, Pericardial (519.3, J98.5)
<input type="checkbox"/> Benign neoplasm of thymus (212.6, D15.0)	<input type="checkbox"/> Mediastinal cyst, Thymic (519.3, J98.5)
<input type="checkbox"/> Lymphoma, intrathoracic (202.82, C85.92)	<input type="checkbox"/> Mediastinal nodes, benign (229.0, D36.0)
<input type="checkbox"/> Mediastinal abscess (513.1, J85.3)	<input type="checkbox"/> Mediastinitis (519.2, J98.5)
<input type="checkbox"/> Mediastinal cyst, Bronchogenic (519.3, J98.5)	<input type="checkbox"/> Posterior mediastinal tumor-benign(neurogenic)(212.5,D15.2)
<input type="checkbox"/> Mediastinal cyst, Foregut duplication (519.3, J98.5)	<input type="checkbox"/> Unspecified disease of thymus gland (254.9, E32.9)
Pleura	
<input type="checkbox"/> Empyema with fistula (510.0, J86.0)	<input type="checkbox"/> Pleural thickening (511.0, J94.9)
<input type="checkbox"/> Empyema without fistula (510.9, J86.9)	<input type="checkbox"/> Pleural tumor, benign (212.4, D19.0)
<input type="checkbox"/> Empyema, tuberculosis (A15.6)	<input type="checkbox"/> Pleural tumor, metastatic (197.2, C78.2)
<input type="checkbox"/> Pleural effusion, infected- (empyema) (511.1, J86.9)	<input type="checkbox"/> Malignant neoplasm other specified sites of pleura (163.8, C38.4)
<input type="checkbox"/> Pleural effusion, malignant (197.2, C78.2)	<input type="checkbox"/> Malignant tumor of pleura, unspecified (e.g., mesothelioma) (163.9, C45)
<input type="checkbox"/> Pleural effusion sterile (511.9, J90)	<input type="checkbox"/> Pleural effusion, TB; (Tuberculous pleurisy) (012.0, A15.6)
<input type="checkbox"/> Pleural effusion, other specified, except TB (511.89, J90)	
Thyroid	
<input type="checkbox"/> Goiter, nodular (241.9, E04.9)	<input type="checkbox"/> Thyroid neoplasm, malignant (193.0, C73)
<input type="checkbox"/> Thyroid neoplasm, benign (226.0, D34)	
Trachea & Larynx	
<input type="checkbox"/> Dysphagia, unspecified (787.2, R13.10)	<input type="checkbox"/> Vocal cord paralysis unspecified (478.3, J38.00)
<input type="checkbox"/> Tracheomalacia-congenital (748.3, Q32.0)	<input type="checkbox"/> Vocal cord paralysis , unilateral (478.31, J38.01)
<input type="checkbox"/> Tracheomalacia-acquired (519.1, J39.8)	<input type="checkbox"/> Vocal cord paralysis, bilateral (478.33, J38.02)
<input type="checkbox"/> Tracheostomy-hemorrhage (519.09, J95.01)	
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)
Miscellaneous	
<input type="checkbox"/> Abnormal radiologic finding (793.1, R91)	<input type="checkbox"/> Other non-infectious disorders of lymphatic channels (457.8, I89.8)
<input type="checkbox"/> Chronic airway obstruction not elsewhere classified (496, J44.9)	<input type="checkbox"/> Malignant neoplasm of connective tissue and other soft tissue of the thorax (171.4, C49.3)
<input type="checkbox"/> Chylothorax (457.8, 189.8)	<input type="checkbox"/> Malignant poorly differentiated neuroendocrine carcinoma, any site (209.3, C74.1)
<input type="checkbox"/> Disruption of internal operation, surgical wound (998.31, T81.32XA)	<input type="checkbox"/> Non-healing surgical wound (998.83, T81.89XA)
<input type="checkbox"/> Hemorrhage complicating a procedure (998.11, multiple codes)	<input type="checkbox"/> Other post- op infection (998.59, T81.4XXA)
<input type="checkbox"/> Hematoma complicating a procedure (998.12, multiple codes)	<input type="checkbox"/> Persistent post-op fistula not otherwise classified (998.6, T81.83XA)
<input type="checkbox"/> Hemoptysis unspecified (786.3, R04.2)	<input type="checkbox"/> Post-operative air leak (512.2, J95.812)
<input type="checkbox"/> Hyperhidrosis, focal axilla (705.21, L74.510)	<input type="checkbox"/> Secondary malignant neoplasm of other specified sites (198.89, C79.89)
<input type="checkbox"/> Hyperhidrosis, focal, face (705.21, L74.511)	<input type="checkbox"/> Shortness of breath (786.05, R06.02)
<input type="checkbox"/> Hyperhidrosis, focal, palms (705.21, L74.512)	<input type="checkbox"/> Swelling, mass or lump in chest (786.6, R22.2)
<input type="checkbox"/> Lymphadenopathy (785.6, R59.9)	<input type="checkbox"/> Other unlisted category of disease
Other Primary Specify: CategoryPrimOth (1260)	If diagnosis not listed, free text here: _____
Other Primary ICD: CategoryPrimOthICD (1270)	Enter ICD-9 or ICD-10 of unlisted primary diagnosis, if known: _____
Secondary, Other Secondary Specify: CategorySecondOth (1290)	If secondary diagnosis not listed, free text here: _____
Secondary, Other Secondary ICD: CategorySecondOthICD (1300)	Enter ICD-9 or ICD-10 of unlisted secondary diagnosis, if known : _____

E. Operative	
Date of Surgery: ____ / ____ / ____ SurgDt (1310)	
Status of Operation <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input type="checkbox"/> Elective <input type="checkbox"/> Palliative Status (1400)	
Check ALL of the procedures performed. Indicate (circle) the Primary Procedure. Proc (1490) Primary (1500)	
Non-analyzed Procedures	
Trachea, Bronchi, Larynx	
<input type="checkbox"/> Laryngectomy, partial (31370)	
<input type="checkbox"/> Tracheostomy replacement (tube change) prior to est. of fistula tract (31502)	<input type="checkbox"/> Tracheal wound or injury suture repair; cervical (31800)
<input type="checkbox"/> Tracheostomy, planned (31600)	<input type="checkbox"/> Tracheal wound or injury suture repair; intrathoracic (31805)
<input type="checkbox"/> Tracheostomy revision simple, without flap (31613)	<input type="checkbox"/> Unlisted procedure, trachea, bronchi (31899)
<input type="checkbox"/> Tracheostomy revision complex, with flap (31614)	<input type="checkbox"/> Bronchopleural fistula closure (32906)
<input type="checkbox"/> Tracheoplasty; cervical (31750)	<input type="checkbox"/> Bronchogenic cyst removal
<input type="checkbox"/> Tracheoplasty; intrathoracic (31760)	<input type="checkbox"/> Bronchial laceration suture
	<input type="checkbox"/> Bronchial sleeve resection
<input type="checkbox"/> Bronchoplasty, graft repair (31770)	<input type="checkbox"/> Tracheostomy mediastinal
<input type="checkbox"/> Bronchoplasty; excision stenosis and anastomosis (31775)	<input type="checkbox"/> Rigid stent removal
Bronchoscopy	
<input type="checkbox"/> Tracheobronchoscopy through established tracheostomy incision (31615)	<input type="checkbox"/> Bronchoscopy, with transbronchial lung biopsy(s), each additional lobe (31632)
<input type="checkbox"/> Endobronchial ultrasound (EBUS) during bronchoscopy diagnostic or therapeutic intervention(s) (31620)	<input type="checkbox"/> Bronchoscopy, with transbronchial needle aspiration biopsy(s), each additional lobe (31633)
<input type="checkbox"/> Bronchoscopy, diagnostic, with or without cell washing (31622)	<input type="checkbox"/> Bronchoscopy, with removal of foreign body (31635)

<input type="checkbox"/> Bronchoscopy, with brushing or protected brushings (31623)	<input type="checkbox"/> Bronchoscopy, with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus (31636)
<input type="checkbox"/> Bronchoscopy, with bronchial alveolar lavage (BAL) (31624)	<input type="checkbox"/> Bronchoscopy, each additional major bronchus stented (31637)
<input type="checkbox"/> Bronchoscopy, with bronchial or endobronchial biopsy(s), single or multiple sites (31625)	<input type="checkbox"/> Bronchoscopy, with revision of tracheal or bronchial stent inserted at previous session (31638)
<input type="checkbox"/> Bronchoscopy, with placement of Fiducial markers (31626)	<input type="checkbox"/> Bronchoscopy, with excision of tumor (31640)
<input type="checkbox"/> Bronchoscopy, navigational (31627)	<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 transbronchial lung biopsy(s), single lobe (31628)	<input type="checkbox"/> Bronchoscopy, with placement of catheter(s) for intracavitary radioelement application (31643)
<input type="checkbox"/> Bronchoscopy, with transbronchial needle aspiration biopsy(s) (31629)	<input type="checkbox"/> Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, initial (drainage of lung abscess) (31645)
<input type="checkbox"/> Bronchoscopy, with tracheal/bronchial dilation or closed reduction of fracture (31630)	<input type="checkbox"/> Bronchoscopy, with therapeutic aspiration of tracheobronchial tree, subsequent (31646)
<input type="checkbox"/> Bronchoscopy, with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required) (31631)	
Pleural Space and Lung	
<input type="checkbox"/> Thoracostomy; with rib resection for empyema (32035)	<input type="checkbox"/> Insertion indwelling tunneled pleural catheter (32550)
<input type="checkbox"/> Thoracostomy; with open flap drainage for empyema (32036)	<input type="checkbox"/> Thoracoscopy, diagnostic lungs and pleural space, without biopsy (32601)
<input type="checkbox"/> Thoracotomy with biopsy(s) lung infiltrate(s) (e.g. wedge), unilateral (32096)	<input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(s) of lung infiltrate(s) (e.g. wedge), unilateral (32607)
<input type="checkbox"/> Thoracotomy with biopsy(s) lung nodule(s) or masses (e.g. incisional), unilateral (32097)	<input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(s) of lung nodule(s) or mass(es) (eg incisional), unilateral (32608)
<input type="checkbox"/> Thoracotomy with biopsy(s) of pleura (32098)	<input type="checkbox"/> Thoracoscopy, diagnostic; with biopsy(s) of pleura (32609)
<input type="checkbox"/> Thoracotomy, with exploration (32100)	<input type="checkbox"/> Thoracoscopy, surgical; with pleurodesis (e.g., mechanical or chemical) (32650)
<input type="checkbox"/> Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear (32110)	<input type="checkbox"/> Thoracoscopy, surgical; with partial pulmonary decortication (32651)
<input type="checkbox"/> Thoracotomy, major; for postoperative complications (32120)	<input type="checkbox"/> Thoracoscopy, surgical; with total pulmonary decortication (32652)
<input type="checkbox"/> Thoracotomy with open intrapleural pneumolysis (32124)	<input type="checkbox"/> Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit (32653)
<input type="checkbox"/> Thoracotomy, major; with cyst(s) removal, with or without a pleural procedure (32140)	<input type="checkbox"/> Thoracoscopy, surgical; with control of traumatic hemorrhage (32654)
<input type="checkbox"/> Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure (32141)	<input type="checkbox"/> Thoracoscopy, surgical; with excision-plication of bullae, including any pleural procedure (32655)
<input type="checkbox"/> Thoracotomy, major; with removal of intrapleural foreign body or hematoma (32150)	<input type="checkbox"/> Thoracoscopy, surgical; with parietal pleurectomy (32656)
<input type="checkbox"/> Thoracotomy with cardiac massage (32160)	<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"/> Decortication, pulmonary, total (32220)	<input type="checkbox"/> Repair lung hernia through chest wall (32800)
<input type="checkbox"/> Pleural scarification for repeat pneumothorax (32215)	<input type="checkbox"/> Closure of chest wall following open flap drainage for empyema (Clagett type procedure) (32810)
<input type="checkbox"/> Decortication, pulmonary, partial (32225)	<input type="checkbox"/> Total lung lavage (for alveolar proteinosis) (32997)
<input type="checkbox"/> Pleurectomy, parietal (32310)	<input type="checkbox"/> Radio-frequency ablation (RFA) lung tumor (32998)
<input type="checkbox"/> Decortication and parietal pleurectomy (32320)	<input type="checkbox"/> Removal of lung, total pneumonectomy; extrapleural (32445)
<input type="checkbox"/> Removal of lung, excision-plication of emphysematous lung(s) for lung volume reduction (LVRS) (32491)	<input type="checkbox"/> Unlisted procedure, lung (32999)
Lung Other Procedures	
<input type="checkbox"/> Open closure of major bronchial fistula (32815)	<input type="checkbox"/> Double lung transplant (32853)
<input type="checkbox"/> Single lung transplant (32851)	<input type="checkbox"/> Double lung transplant with CPB (32854)
<input type="checkbox"/> Single lung transplant with CPB (32852)	<input type="checkbox"/> Thoracoplasty with closure of bronchopleural fistula (32906)
Mediastinum and Diaphragm	
<input type="checkbox"/> Thoracoscopy, diagnostic; mediastinal space, with biopsy (32606)	<input type="checkbox"/> Diaphragmatic hernia repair (other than neonatal), traumatic; acute (39540)
<input type="checkbox"/> Mediastinotomy with exploration or biopsy; cervical approach (39000)	<input type="checkbox"/> Diaphragmatic hernia repair (other than neonatal), traumatic; chronic (39541)
<input type="checkbox"/> Mediastinotomy with exploration or biopsy; transthoracic approach (39010)	<input type="checkbox"/> Diaphragm imbrication (i.e., plication) of (39545)

<input type="checkbox"/> Mediastinal cyst, excision, open, Transthoracic approach (39200)	<input type="checkbox"/> Diaphragm; resection with simple repair (e.g., primary suture) (39560)
<input type="checkbox"/> Mediastinoscopy, with or without biopsy (39400)	<input type="checkbox"/> Diaphragm; resection with complex repair (e.g., prosthetic material, local muscle flap) (39561)
<input type="checkbox"/> Unlisted procedure, mediastinum (39499)	<input type="checkbox"/> Unlisted procedure, diaphragm (39599)
<input type="checkbox"/> Diaphragm, laceration repair, any approach (39501)	
Esophagoscopy	
<input type="checkbox"/> Esophagoscopy (43200)	<input type="checkbox"/> Upper gastrointestinal endoscopy with endoscopic ultrasound examination limited to the esophagus (43237)
<input type="checkbox"/> Esophagoscopy with biopsy (43202)	<input type="checkbox"/> Upper gastrointestinal endoscopy with transendoscopic ultrasound-guided FNA (43238)
<input type="checkbox"/> Esophagoscopy with removal of foreign body (43215)	<input type="checkbox"/> Upper gastrointestinal endoscopy with biopsy (43239)
<input type="checkbox"/> Esophagoscopy with insertion of stent (43219)	<input type="checkbox"/> Upper gastrointestinal endoscopy with dilation of gastric outlet for obstruction (43245)
<input type="checkbox"/> Esophagoscopy with balloon dilation (43220)	<input type="checkbox"/> Upper gastrointestinal endoscopy with directed placement of percutaneous gastrostomy tube (43246)
<input type="checkbox"/> Esophagoscopy with insertion of guide wire followed by dilation over guide wire (43226)	<input type="checkbox"/> Upper gastrointestinal endoscopy with removal of foreign body (43247)
<input type="checkbox"/> Esophagoscopy with ablation of tumor (43228)	<input type="checkbox"/> Upper gastrointestinal endoscopy with insertion of guide wire followed by dilation of esophagus (43248)
<input type="checkbox"/> Esophagoscopy with endoscopic ultrasound examination (EUS) (43231)	<input type="checkbox"/> Upper gastrointestinal endoscopy with balloon dilation of esophagus (43249)
<input type="checkbox"/> Esophagoscopy with transendoscopic ultrasound-guided fine needle aspiration (43232)	<input type="checkbox"/> Upper gastrointestinal endoscopy with transendoscopic stent placement (43256)
<input type="checkbox"/> Upper gastrointestinal endoscopy, diagnostic (43235)	<input type="checkbox"/> Upper gastrointestinal endoscopy with ablation of tumor (43258)
Esophagus Other Procedures	
<input type="checkbox"/> Thoracoscopy, surgical; with esophagomyotomy (Heller type) (32665)	<input type="checkbox"/> Esophagostomy, fistulization of esophagus, external; cervical approach (43352)
<input type="checkbox"/> Cricopharyngeal myotomy (43030)	<input type="checkbox"/> Gastrointestinal reconstruction for previous esophagectomy with stomach (43360)
<input type="checkbox"/> Excision esophageal lesion with primary repair, cervical approach (43100)	<input type="checkbox"/> Gastrointestinal reconstruction for previous esophagectomy with colon interposition or small intestine (43361)
<input type="checkbox"/> Excision Esophageal lesion with primary repair, thoracic approach (eg: leiomyoma) (43101)	<input type="checkbox"/> Suture of esophageal wound or injury; cervical approach (43410)
<input type="checkbox"/> Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach (43130)	<input type="checkbox"/> Suture of esophageal wound or injury; transthoracic or transabdominal approach (43415)
<input type="checkbox"/> Diverticulectomy of esophagus, with or without myotomy; thoracic approach (43135)	<input type="checkbox"/> Closure of esophagostomy or fistula; cervical approach (43420)
<input type="checkbox"/> Laparoscopic esophageal myotomy (Heller Myotomy, with or without fundoplication) (43279)	<input type="checkbox"/> Total gastrectomy with esophagoenterostomy (43620)
<input type="checkbox"/> Laparoscopy, surgical, esophageal lengthening procedure (Collis) (43283) Secondary Procedure code	<input type="checkbox"/> Total gastrectomy with Roux-en-Y reconstruction (43621)
<input type="checkbox"/> Unlisted laparoscopy, esophagus (43289)	<input type="checkbox"/> Conduit revision s/p esophagectomy
<input type="checkbox"/> Esophagoplasty with repair of TEF, cervical approach (43305)	<input type="checkbox"/> Per oral endoscopic myotomy (POEM)
<input type="checkbox"/> Esophagoplasty with repair TEF, thoracic approach (43312)	<input type="checkbox"/> Trans oral fundoplication
<input type="checkbox"/> Esophagomyotomy (Heller type); thoracic approach (43331)	<input type="checkbox"/> Esophageal lengthening procedure - open (Collis) Secondary Procedure code (43338)
<input type="checkbox"/> Free jejunum transfer with microvascular anastomosis (43496)	<input type="checkbox"/> Ligation or stapling at gastroesophageal junction for esophageal perforation (43405)
<input type="checkbox"/> Unlisted procedure, esophagus (43499)	
Chest Wall and Neck	
<input type="checkbox"/> Muscle flap, neck (15732)	<input type="checkbox"/> Radical resection of sternum (21630)
<input type="checkbox"/> Muscle flap; trunk (i.e., intercostal, pectoralis or serratus muscle) (15734)	<input type="checkbox"/> Radical resection of sternum; with mediastinal lymphadenectomy (21632)
<input type="checkbox"/> Excision of chest wall tumor including ribs (19260)	<input type="checkbox"/> Hyoid myotomy and suspension (21685) secondary procedure code
<input type="checkbox"/> Excision of chest wall tumor involving ribs, with reconstruction (19271)	<input type="checkbox"/> Division of scalenus anticus; without resection of cervical rib (21700)
<input type="checkbox"/> Excision tumor, soft tissue of neck or thorax; subcutaneous (21555)	<input type="checkbox"/> Division of scalenus anticus; with resection of cervical rib (21705)
<input type="checkbox"/> Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular (21556)	<input type="checkbox"/> Reconstructive repair of pectus excavatum or carinatum; open (21740)

<input type="checkbox"/> Radical resection of tumor (e.g., malignant neoplasm), soft tissue of neck or thorax (21557)	<input type="checkbox"/> Reconstructive repair of pectus, minimally invasive approach (Nuss procedure), without thoracoscopy (21742)
<input type="checkbox"/> Excision of rib, partial (21600)	<input type="checkbox"/> Open treatment of sternum fracture with or without skeletal fixation (21825)
<input type="checkbox"/> Excision first and/or cervical rib (21615)	<input type="checkbox"/> Removal of sternal wire(s)
<input type="checkbox"/> Excision first and/or cervical rib; with sympathectomy (21616)	<input type="checkbox"/> Reconstructive repair of pectus, minimally invasive approach (Nuss procedure), with thoracoscopy (21743)
<input type="checkbox"/> Major reconstruction, chest wall (posttraumatic) (32820)	<input type="checkbox"/> Unlisted procedure, neck or thorax (21899)
Miscellaneous	
<input type="checkbox"/> Thoracoscopy, diagnostic pericardial sac, with biopsy (32604)	<input type="checkbox"/> SVC resection and reconstruction (34502)
<input type="checkbox"/> Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac (32658)	<input type="checkbox"/> Ligation thoracic duct (38381)
<input type="checkbox"/> Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage (32659)	<input type="checkbox"/> Intraoperative jejunostomy (44015)
<input type="checkbox"/> Thoracoscopy, surgical; with total pericardiectomy (32660)	<input type="checkbox"/> Omental flap (49904)
<input type="checkbox"/> Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass (32661)	<input type="checkbox"/> Transthoracic thyroidectomy (60270)
<input type="checkbox"/> Thoracoscopy, surgical; with thoracic sympathectomy (32664)	<input type="checkbox"/> Removal substernal thyroid, cervical approach (60271)
<input type="checkbox"/> Stereotactic radiosurgery (SRS) and stereotactic body radiotherapy (SBRT),surgeon participation (32701)	<input type="checkbox"/> Application of wound vac (97605, 97606)
<input type="checkbox"/> Tube pericardiostomy (33015)	<input type="checkbox"/> Pericardial window (33025)
<input type="checkbox"/> Other Minor Procedure	<input type="checkbox"/> Other
Enter Name of unlisted Procedure(s): ProcOth (1510)	
Enter 5 digit CPT code(s) of unlisted procedure, if known: ProcOthCPT (1520)	

M. Discharge	
Patient is still in the hospital <input type="checkbox"/> Yes <input type="checkbox"/> No StillInHosp (3860)	
<i>If No →</i>	Discharge Status: MtDCStat (3880) <input type="checkbox"/> Alive <input type="checkbox"/> Dead

N. Follow Up	
Date of Last Follow-Up: ____/____/____ LFUDate (3960)	
Mortality Status at Last Follow-Up: <input type="checkbox"/> Alive <input type="checkbox"/> Dead LFUMortStat (3970)	
Mortality Date: ____/____/____ MortDate (3980)	

O. Quality Measures				
IV antibiotics ordered to be given within 1 hour before incision: IVAntibioOrdered (3990)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not indicated for procedure	
IV antibiotics given within 1 hour before incision: IVAntibioGiven (4000)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not indicated for procedure	
Cephalosporin Antibiotic Ordered CephalAntiOrdered (4010)	<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 hour AntibioticDiscOrdered (4020)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not indicated for procedure	<input type="checkbox"/> No, due to documented infection
Smoking Cessation Counseling SmokCoun (4030)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Patient refused	<input type="checkbox"/> Nonsmoker
DVT Prophylaxis Measures DVTProphylaxis (4040)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	