
Documentation Dissection

PREOPERATIVE DIAGNOSIS: Right lung mass, malignant right pleural effusion, metastatic carcinoma of pleura, lung collapse.

POSTOPERATIVE DIAGNOSIS: Right lung mass, malignant right pleural effusion, metastatic carcinoma of pleura, lung collapse ^[1].

OPERATIVE PROCEDURE: Right Thoracoscopy/video-assisted thoracic surgery, talc pleurodesis, pleural biopsy, bronchoscopy ^[2].

ANESTHESIA: General endotracheal ^[3].

INDICATION: Residual, malignant pleural effusion. Patient with advanced right lower lobe carcinoma ^[4]. Need for diagnostic pleural biopsy and therapeutic talc pleurodesis. Plans were discussed at length, with the patient preoperatively, and reviewed in the holding area with the patient, his wife, and family. Expectations of hopefully preventing recurrent effusion as the main goal of surgery as well as diagnostic data were reviewed.

FINDINGS: 500 ml of pleural fluid evacuated. The lung inflated fairly well. There was a mass in the right lower lobe. There were pleural plaques which were biopsied and consistent with malignancy ^[5].

DETAILS OF PROCEDURE: The patient was taken to the operating room, placed on the table in the supine position ^[6]. Appropriate time-out was taken. Procedure was reviewed. Same side of surgery was confirmed. Antibiotics were confirmed. Venodyne boots were operational prior to induction.

General endotracheal anesthesia was established with a double-lumen tube. Bronchoscopy was performed. The tube was properly positioned in left main bronchus. The right and left main bronchi, and segmental branches were examined. There was no gross mass seen. There was some old blood in the right upper lobe orifice ^[7].

The airways were patent. They were suctioned until clear. The tube was properly positioned. The cuffs were inflated. The scope was withdrawn.

The patient was then placed in the left lateral decubitus manner with care taken to pad dependent areas including the left axilla, peroneal, and ulnar nerves. The head was supported, with pads and pillows in neutral position, and appropriate sterile prep and drape was performed to the right hemithorax ^[8].

The chest was entered through an inferior anterior port site ^[9]. Panoramic view was obtained with a 5 mm 30 degree scope. Fluid was evacuated. Biopsies were taken from the pleural nodules ^[10]. The bed was hemostatic with gentle application of Bovie.

Rib block was performed with 30 mL of 0.5% ropivacaine, all fluid was evacuated. Chest tube wax placed toward the-- apex and secured, brought out through separate stab wound via the inferior entry port site.

Talc poudrage was performed with 5 g of sterile talcum powder with good dispersion noted and the lung was reinflated. There was no bleeding seen. Sponge and needle counts were correct. There was no evidence of retained instrumentation on final inspection.

The wounds were closed in layers. The tube was secured ^[11]. Dressings were applied. The procedure was concluded. The patient was extubated, and transferred to the recovery room. Findings were discussed with the family.

^[1] Diagnosis and medical necessity for procedure.

^[2] Procedure planned.

^[3] Anesthesia used.

^[4] Primary Malignancy right lower lobe.
Malignant pleural effusion is residual of lung malignancy.

^[5] Mass identified—pleural biopsy consistent with malignancy.

- ^[6] Patient positioned face up.
 - ^[7] Preoperative bronchoscopy performed.
 - ^[8] Patient is positioned on left side to provide access to right chest wall.
 - ^[9] Indicates a scope will be used.
 - ^[10] Biopsies of Pleura.
 - ^[11] Incisions closed and chest tube secured.
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What are the CPT® and ICD-10-CM codes reported?

CPT® Codes: 32650-RT, 31622-51

ICD-10-CM Codes: C78.2, C34.31, J91.0, J98.11

Rationales:

CPT®: A bronchoscopy was performed to examine the bronchi and branches. Look in the CPT® Index for Bronchoscopy/Exploration for a range of 31622, 31634, 31647, 31651. 31651 is an add-on code and is not correct. 31634 and 31647 include more extensive procedures. 31622 is correct as this is diagnostic. Next, look for Thoracoscopy/surgical and see code range 32650–32674. 32650 describes a pleurodesis and is correct. RT modifier is appended to indicate this was performed on the right lung. Modifier 51 is applied to 31622 to support multiple procedures.

ICD-10-CM: The first diagnosis must give medical necessity for the first-listed procedure. In this case it is the secondary cancer of the pleura. The patient has a right lung mass that is biopsy proven as metastatic carcinoma of the pleura. In the ICD-10-CM Alphabetic Index look for Carcinoma referring you to see also Neoplasm, by site, malignant. In the Table of Neoplasms look for Neoplasm/pleura/secondary Malignant Secondary column referring you to C78.2. The primary site is documented as advanced lung carcinoma in the right lower lobe. In the Table of Neoplasms look for Neoplasm/lung/lower lobe/Malignant Primary column for C34.3. In the Tabular List a fifth character 1 is needed for the right lower lobe. The Guidelines (1.B.2.b) state to sequence first the malignancy for which treatment is being directed. In this case treatment is directed at malignancy of the pleura and the metastatic site is listed first. Next, look in the Alphabetic Index for Effusion/Malignant pleural leading to J91.0. Verify in the Tabular List. J91.0 has an instructional note that states to code first the underlying neoplasm. This provides the sequencing for the codes. Next, in the Alphabetic Index look for Collapse/lung *see also* Atelectasis. Look for Atelectasis (massive) (partial) (pressure) (pulmonary) J98.11. Verify in the Tabular List.
