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AAPC Certified Cardiovascular and Thoracic Surgery Coder

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Question: 1

A cardiothoracic surgeon documents an office E/M service for a patient with a painful, enlarging postoperative seroma after prior pacemaker pocket revision by another physician. During the same encounter, the surgeon performs needle aspiration of the seroma. The E/M documentation includes a separately identifiable assessment of possible infection, review of device history, and decision-making beyond the aspiration itself. Which modifier approach is most appropriate for the E/M service if payer rules require modifier support?

A. Append modifier 57 to the E/M service because the note supports the decision for the same-day needle aspiration.
B. Append modifier 59 to the E/M service unless the infection assessment merged into the aspiration itself.
C. Append modifier 24 to the E/M service because another physician, not this surgeon, performed the prior pocket revision.
D. Append modifier 25 to the E/M service because the note supports a significant, separately identifiable E/M service on the same day as a minor procedure.

Answer: D

Question: 2

A patient is 3 weeks postoperative from tracheal resection. The surgeon sees the patient for routine airway follow-up and planned removal of skin sutures. The note documents improved breathing, normal healing, and no new airway complication. Which reporting approach is most appropriate?

A. Report the suture removal as a separately reportable minor procedure when the visit is in the office.
B. Do not report the tracheal resection until the global period ends because the recovery visit and suture removal fall inside that period.
C. Do not separately report the encounter because it represents routine related postoperative care within the Global surgical package.
D. Report a low-level office visit with the postoperative management modifier because the surgeon documented airway assessment and suture removal.

Answer: C

Question: 3

A procedure note documents transapical transcatheter aortic valve replacement. The surgeon performs a small left thoracotomy, accesses the left ventricular apex, introduces the delivery system through the apex, deploys the prosthetic valve across the native aortic valve, repairs the apical access site, and closes the thoracotomy. No femoral arterial access is used for valve delivery. Which coding principle is most appropriate?

A. Report transapical TAVR because the valve was delivered through left ventricular apical access rather than transfemoral access.
B. Report ventricular apex reconstruction as a separately reportable service because the apical access site was closed.
C. Report transfemoral valve replacement for the catheter deployment across the native aortic valve.
D. Report open surgical aortic valve replacement because the surgeon opened the chest and repaired the apical access site.

Answer: A

Question: 4

A surgeon performs a right thoracoscopic wedge resection and separately documents a right parietal pleural biopsy during the same session. The wedge resection is for a peripheral lung nodule, while the pleural biopsy is for a separate pleural plaque. The operative note identifies separate specimens and distinct diagnostic questions. Which modifier approach is most appropriate if payer edits bundle the pleural biopsy?

A. Report only the wedge resection or only the pleural biopsy because both were performed at one session.
B. Append modifier 59 or an appropriate X{EPSU} modifier to the pleural biopsy when documentation supports it as a distinct procedural service.
C. Append modifier 51 to the pleural biopsy because the documented session included two operative services.
D. Append CPT® modifier 22 to the wedge resection because the surgeon also sampled the right parietal pleura.

Answer: B

Question: 5

A thoracic surgery note states: “Empyema of the left pleural space after pneumonia. Plan open drainage and decortication.” The provider documents persistent fever, loculated pleural fluid, and positive pleural culture. No malignancy is documented. Which diagnosis-coding approach best reflects the documentation?

A. Report an unspecified pleural effusion based on the loculated pleural fluid documented in the left pleural space.

B. Report the antecedent pneumonia as the first-listed diagnosis with the pleural empyema sequenced second or omitted.
C. Report pleural empyema with the documented infectious context.
D. Report sepsis as the principal ICD-10-CM diagnosis for the documented positive pleural culture and persistent fever.

Answer: C

Question: 6

An operative note documents resection of two ribs and reconstruction of the lateral chest wall with prosthetic mesh after excision of a malignant chest wall tumor. The surgeon does not enter the lung parenchyma and does not perform lobectomy or wedge resection. Which coding principle is most appropriate?

A. Report mesh placement with a hernia repair code because prosthetic material was implanted in the chest wall.
B. Report chest wall tumor resection with reconstruction.
C. Report rib resection and prosthetic mesh reconstruction as separately reportable procedures alongside the chest wall tumor excision.
D. Report an extended lobectomy with chest wall resection because the chest wall tumor was malignant.

Answer: B

Question: 7

During the same operative session, a surgeon performs a planned second-stage vascular procedure that was documented in the original operative plan 4 weeks earlier. The patient is still in the Global surgical period of the first operation. The current note states: “Second-stage revascularization performed today as planned.” Which modifier decision is most appropriate for the staged procedure?

A. Append modifier 58 to the staged procedure because it was planned prospectively and performed during the postoperative period.
B. Append modifier 78 because the surgeon returned to the operating room and treated the same vascular problem.
C. Append modifier 24 to the staged procedure because the patient remains inside the Global surgical period.
D. Append modifier 79 to the revascularization only when it falls within a postoperative period.

Answer: A

Question: 8

Two cardiothoracic surgeons work together as co-surgeons on a complex open thoracoabdominal aortic aneurysm repair. The operative documentation identifies each surgeon's distinct portion of the same primary procedure, and both surgeons dictate their operative roles. The payer recognizes co-surgeon reporting when supported. Which modifier concept is most appropriate?

A. Append the reduced-services modifier because neither surgeon personally performed the entire thoracoabdominal repair.
B. Append modifier 62 to the same procedure code on each surgeon's claim, with each report describing that surgeon's portion.
C. Append the bilateral-procedure modifier because both cardiothoracic surgeons operated during the same session on one thoracoabdominal aortic aneurysm repair.
D. Append the assistant-at-surgery modifier to the second surgeon's claim because one operator dictated the principal portion of the repair.

Answer: B

Question: 9

A vascular surgeon documents: "Chronic total occlusion of the right subclavian artery with vertebrobasilar insufficiency symptoms. No acute embolus. No upper-extremity venous thrombosis. Plan carotid-subclavian bypass."
Which diagnosis-coding approach best reflects the documentation?

A. Report right upper-extremity deep venous thrombosis because the occlusion involves the subclavian vessel.
B. Report acute arterial embolism for the documented occlusion of the right subclavian artery.
C. Report a vertebrobasilar symptom code as the first-listed diagnosis because those symptoms accompany the documented occlusion.
D. Report chronic right subclavian artery occlusive disease with the documented vascular insufficiency context.

Answer: D

Question: 10

A patient undergoes thoracic duct ligation for postoperative chylothorax. During the postoperative Global surgical period, the surgeon sees the patient for routine chest tube output review, diet instructions, and wound check. The note documents decreasing output and no new complication. Which reporting approach is most appropriate?

A. Do not separately report the visit because it is routine related postoperative care included in the Global surgical package.
B. Report a subsequent care service with modifier 24 only when dietary counseling addresses a nutritional problem.
C. Report the follow-up encounter with modifier 58 because routine chest tube surveillance during the global period is a staged intervention.
D. The duct ligation is not separately reported because the chylothorax it treats followed an earlier operation.

Answer: A

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