



## **Clinical Indicators: Tracheostomy**

<b><u>Procedure</u></b>	<b>CPT</b>	<b>Days<sup>1</sup></b>
Tracheostomy	31600	0

### **Indications**

#### **1. History** (One or more required)

Upper airway obstruction with any of the following:

- a) stridor,
- b) air hunger,
- c) retractions,
- d) obstructive sleep apnea with documented arterial desaturation,
- e) bilateral vocal fold paralysis,
- f) previous neck surgery or throat trauma, or
- g) previous irradiation to the neck
  - Prolonged or expected prolonged intubation
  - Inability of patient to manage secretions including:
    - Aspiration
    - Excessive broncho-pulmonary secretions
  - Facilitation of ventilation support.
  - Inability to intubate.
  - Adjunct to manage head & neck surgery.
  - Adjunct to manage significant head & neck trauma.

#### **2. Physical Examination** (required)

- a) Respiration--describe.
- b) Voice--describe.
- c) Endotracheal tube--document if present and for how long?
- d) Larynx--describe, if possible.
- e) Neck examination (always required).

### **Postoperative Observations**

- a) Breathing--satisfactory. Both sides of lung ventilating.
- b) Bleeding from wound?
- c) Subcutaneous emphysema?

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<sup>1</sup> RBRVS Global Days



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- d) Wound packing & sutures--document removal.
- e) Tracheostomy tube, tighten if loose, check cuff for proper inflation.
- f) Chest X-Ray--document. Usually ordered after surgery to check for pneumothorax or proper tube placement.

**Outcome Review**

- a) Document complications for departmental review

**Associated ICD-9 Diagnostic Codes** (Representative, but not all-inclusive codes)

- 141.0 M-Neoplasm, Tongue base
- 145.9 M-Neoplasm, Mouth NOS
- 146.0 M-Neoplasm, Tonsil
- 146.9 M-Neoplasm, Oropharynx NOS
- 161.0 M-Neoplasm, Glottis
- 161.1 M-Neoplasm, Supraglottis
- 161.8 M-Neoplasm, Larynx NEC
- 212.1 B-Neoplasm, Larynx
- 235.1 UB-Neoplasm, Oral cavity/pharynx
- 239.1 Respiratory system neoplasm NOS
- 478.5 Vocal cord disease NEC
- 478.6 Edema of larynx
- 478.74 Stenosis of larynx
- 478.79 Disease of larynx NEC
- 518.5 Post trauma pulmonary insufficiency
- 518.8 Disease of lung
- 518.81 Respiratory failure
- 518.82 Other pulmonary insufficiency
- 519.1 Trachea/bronchus disease NEC
- 519.8 Respiratory system disease NEC
- 786.09 Respiratory abnormality NEC
- 799.1 Respiratory arrest
- 802.20 Mandible Fx NOS, closed
- 802.30 Mandible Fx NOS, open
- 802.4 Fx malar/maxillary, closed
- 802.5 Fx malar/maxillary, open



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**Additional Information**

Assistant Surgeon -- N  
Supply Charges -- N  
Prior Approval -- N  
Anesthesia Code(s) -- 00320

**Patient Information**

Although often performed as an emergency procedure in life-threatening situations, tracheostomy may also be required for urgent and elective reasons. A tracheostomy is an opening made in the trachea (windpipe) to allow breathing when the larynx is obstructed or to permit long-term ventilation of the lungs through a tube inserted into the neck opening. The main complication is bleeding, and this is often related to the speed required to perform this operation in emergency situations. Other complications include escape of air into the tissues of the neck (subcutaneous emphysema), which is treatable, and postoperative scar formation in the lower neck.

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