
Documentation Dissection

PREOPERATIVE DIAGNOSIS: Left renal cyst.

POSTOPERATIVE DIAGNOSIS: Left renal cyst ^[1].

PROCEDURE: Left renal cyst decortication x2 ^[2].

COMPLICATIONS: None.

ANESTHESIA: General.

INDICATIONS: This is a 54-year-old female who was seen on imaging to have a large left posterior simple cyst in the kidney, which enlarged over time, as well as what appeared to be a proteinaceous cyst on the lateral portion of this left kidney ^[3], which was seen on ultrasound to be cystic and did not enhance on CT. She has been symptomatic from these cysts and came to the operating room today for cyst decortication x 2.

PROCEDURE: After informed consent was obtained, the patient was taken to the operating room and prepped and draped in the usual sterile fashion in the left side up and partially lateral decubitus position. We performed retroperitoneal laparoscopy ^[4], beginning with using the Hasson technique at the tip of the 12th rib to dissect down into the retroperitoneal space and used the blunt finger dissection to tease away the surrounding tissues and used a balloon dissector to open up the space around the kidney and inferiorly. Then, we were able to visualize the area of the ureters. It appeared that she had a duplicated collecting system as there were 2 ureters peristalsing. We then were able to identify what appeared to be more posterior oriented cyst, which we isolated by dissecting away the surrounding fat to the point where we were able to visualize the renal parenchyma circumferentially around the cyst. We then incised the cyst and grasped and sucked out the contents, which was clear fluid and then circumferentially used the electrocautery to remove the cyst wall, and the cyst wall passed off the table to Pathology for pathologic specimen ^[5]. Then, with additional dissection, we were able to visualize what appeared to be a more laterally oriented cyst, which was darker in hue and did appear to represent a cyst. Both of these cysts were visualized during intraoperative ultrasound ^[6] as well and appeared to be simple in their architecture and without evidence of any solid components. We then incised the cyst, and green proteinaceous fluid was drained from the second cyst. We then performed the same procedure where we circumferentially decorticated the cyst, and inspected the base of the lesion, which appeared to be normal pink tissue without any evidence of abnormality. I cauterized the base of the cyst after we passed off the specimen to Pathology ^[7]. As we isolated both cysts, they were both consistent with the sizes on preoperative imaging, specifically the larger posterior cyst was approximately 3.7 cm in size and the lateral cyst was 1.8 cm in size. We inspected the bed for hemostasis, which was excellent. We removed our ports and then closed the primary incision with a single interrupted 0 Vicryl to close the fascia and then closed the skin with 4-0 Monocryl. Steri-Strips were applied and sterile dressings were applied. The patient was then awakened, extubated, and taken to the PACU in stable condition. She tolerated the procedure well.

^[1] Postoperative diagnosis renal cyst.

^[2] Indication of planned procedure.

^[3] Confirms diagnosis of renal cyst.

^[4] Confirmation of laparoscopic procedure.

^[5] Removal of cyst #1.

^[6] Intraoperative ultrasound used.

^[7] Removal of cyst #2.

What are the CPT® and ICD-10-CM codes reported?

CPT® Codes: 50541-LT, 76998-26

ICD-10-CM Code: N28.1

Rationales:

CPT®: The provider performed a removal of the renal cysts through a laparoscope. There isn't a specific CPT® code for the decortication of renal cysts and we use the code for ablation of renal cysts. This code is used for the laparoscopic treatment of renal cysts, whether it be ablation, excision, decortication, etc. In the CPT® Index locate Laparoscopy/Kidney/Ablation/Cysts, you're directed to 50541. A review of the code description confirms this is the correct code. An intraoperative ultrasound may be coded in addition to the procedure. In the CPT® Index locate Ultrasound/Intraoperative and you're directed to 76998. A review of the code description confirms this is the correct code. Modifier 26 is added to indicate the physician provided only the professional component. The LT modifier is added to indicate the procedure was performed on the left kidney.

ICD-10-CM: The diagnosis is renal cyst. In the ICD-10-CM Alphabetic Index locate Cyst/kidney (acquired) and you're directed to N28.1. The Tabular List confirms N28.1 is used to report Cyst of kidney, acquired (multiple) (solitary).
