PREOPERATIVE DIAGNOSIS: Soft tissue mass, right lower quadrant abdominal wall.

POSTOPERATIVE DIAGNOSIS: **5 cm soft tissue mass, right lower abdominal wall** [I].

OPERATIVE PROCEDURE: **Excision of right lower abdominal wall mass** [I].

ANESTHESIA: General anesthesia using an LMA

ESTIMATED BLOOD LOSS: 20 ml.

FINDINGS AT SURGERY: The patient had a 5 cm soft tissue mass that was located in the rectus muscle on the right side of the abdomen. The mass was completely removed. It did not extend intraperitoneally. The patient tolerated the procedure quite well [I].

DESCRIPTION OF PROCEDURE: Under general endotracheal anesthesia using an LMA, the patient’s abdomen was prepped with ChloraPrep and then the appropriate sterile drapes were placed.

A horizontal skin incision was made directly over a palpable mass in the patient’s right lower quadrant and dissection was carried down through the dermis and subcutaneous tissue. The fascia at the rectus muscle was intact, and the mass was below this [I]. The anterior fascia was then incised and an obvious mass was readily identified. This was then gently teased away from the surrounding tissue and it was found to be completely within the rectus muscle and did not go into the posterior sheath at all. The 5 cm mass was completely excised using electrocautery and was sent immediately to Pathology [I]. Hemostasis was achieved using electrocautery.

Closure consisted of reapproximation of the anterior sheath of the rectus muscle with a running #0 PDS suture.

The entire wound was injected with 0.25% Marcaine with epinephrine and then the dermis was reapproximated with simple interrupted #0 Vicryl sutures followed by reapproximation of the skin with a running subcuticular stitch of #5-0 Vicryl followed by Steri-Strips and a sterile dressing.

The patient tolerated the procedure quite well and was transferred to the recovery room in stable condition.

The sponge and needle counts were reported as correct at the end of the procedure.

[II] Diagnosis to report if there is no pathology report.

[II] The planned operative procedure is indicated, with the location of where the mass is located in the abdomen.

[II] Indicates removing the mass successfully. Still refer to the body of the note to confirm the removal.

[II] This is an open procedure dissecting all the way to the fascia of the rectus muscle to get to the mass below this layer (subfascial).

[II] Removal of the mass from within the muscle of the abdominal wall and the size of the mass.

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

**CPT® Code:** 22901

**ICD-10-CM Code:** R19.03

**Rationales:**

**CPT®:** In the CPT Index look for Excision/Tumor/Abdominal Wall referring you to 22900–22903. You can also look for Abdomen/Abdominal Wall/Tumor/Excision referring you to 22900-22903.
Operative note documents that the mass was removed from within the muscle of the abdominal wall and the size is 5 cm. Report code 22901.

**ICD-10-CM:** Abdominal mass is reported because a pathology report was not provided. In the Alphabetic Index look for Mass/abdominal/right lower quadrant referring you to code R19.03. Tabular List confirms code R19.03 is coded to the highest specificity and is reported for *Right lower quadrant abdominal swelling, mass and lump.* Subcategory R19.0 is used for intra-abdominal and pelvic swelling, mass and lump. Coding guideline 1.A.14 tells us the word ‘and’ should be interpreted to mean either ‘and’ or ‘or’ when it appears in a title.