PREOPERATIVE DIAGNOSIS: Chiari I malformation.

POSTOPERATIVE DIAGNOSIS: Chiari I malformation [1].

PROCEDURE PERFORMED: Posterior fossa craniectomy decompression cervical laminectomy, and duraplasty [2].

ANESTHESIA: GEL, prone.

INDICATIONS: This is a 13-year-old boy with a history of a head injury and severe persistent headaches. After a Chiari I malformation was discussed, such a significant Chiari malformation and significant persistent symptoms, we decided to proceed with posterior fossa decompression for Chiari I malformation [3].

DESCRIPTION OF PROCEDURE: The patient was brought to the operating room, placed in supine position. He was intubated without difficulty and general anesthesia induced without complications. He was turned to prone position, padded adequately, and preoperative antibiotics were given. A midline suboccipital incision was marked out and infiltrated with lidocaine with epinephrine, prepped with Betadine and draped in sterile fashion. We made an incision in the suboccipital region with a number 15 blade, dissected through the suboccipital musculature to have excellent exposure of the occiput C1–C2 area. We performed a suboccipital craniectomy [4] using the perforated Midas Rex drill B5 bit and footplate to perform C1 laminectomy with B5 bit and Midas. Small bleeding points were controlled with electrocautery and an extensive amount of bone was removed around the foramen magnum with Kerrison rongeurs [5]. The dura was opened in a Y-shaped fashion and we identified and exposed the cerebellar tonsils. The left cerebellar tonsil was significantly impacted at the area of the foramen magnum, was dissected free, pulled up and coagulated down using bipolar cautery without difficulty. The same procedure was repeated on the right side, with the right side as less impacted than the left. We opened up between the tonsil and the fourth ventricle to establish and confirmed good CSF flow out of the foramen [6]. At this point, the wound was irrigated copiously with saline irrigation. We closed the dura with a Duragen dural patch graft with running interrupted 4-0 Vicryl sutures [7]. We placed Surgicel and Tisseel over the dun and then closed the wound in layers in interrupted 2-0 Vicryl in the deep muscle and fascial layers and interrupted 3-0 Vicryl in the subcuticular layer. Running locked 3-0 nylon stitch was used to close the skin. A dry, sterile dressing was applied. The patient was turned to supine position, extubated without difficulty, and returned to the recovery room in stable condition. All sponge and needle counts were correct at the end of the case. Estimated blood loss was approximately 50 ml, none replaced. No complications. No specimens.

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[1] Diagnosis is Chiari I malformation.

[2] Planned procedure is Posterior fossa craniectomy decompression cervical laminectomy, and duraplasty. Verify procedures in the body of the operative report.

[3] Re-confirmation of the Chiari I malformation.

[4] Confirmation of the suboccipital craniectomy.

[5] Verification that the cervical laminectomy was performed.

[6] The decompression of the right and left cerebellar tonisl was performed.

[7] A dural patch graft was used to fill the defect.

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

CPT® Code: 61343

ICD-10-CM Code: G93.5

Rationales:

CPT®: The procedure performed is a craniectomy, decompression, and cervical laminectomy for the Chiari malformation. In the CPT Index, locate Craniectomy/Decompression, which refers to 61322–61323, 61340, 61343. After reviewing the code descriptions, 61343 *Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft* (eg, Arnold-Chiari malformation) is the correct code for the procedures performed.

ICD-10-CM: In the ICD-10-CM index, locate Malformation/Chiari/type I, which refers to G93.5. Verification in the Tabular List identifies G93.5 *Compression of the brain* as the correct code. This may also be located in the Alphabetic Index as Chiari's/ malformaton/type I.