Preoperative Diagnosis: Dystonic tremor.

Postoperative Diagnosis: **Dystonic tremor** \[1\].

Procedures:
1) **Bilateral implantation of deep brain stimulating electrodes into the globus pallidus internus (GPI)** \[2\].
2) **Use of intraoperative electrophysiological monitoring** \[3\].
3) **Use of intraoperative CT scanner** \[4\].

**EBL:** 100 cc.

**Complications:** None noted intraoperatively.

**Brief Clinical History:**
The patient is here with **dystonic tremor and medically refractory symptoms** \[5\]. He was evaluated by a multidisciplinary team and was found to be a good candidate for deep brain stimulation surgery. The risks, benefits and alternatives to surgery were clearly explained.

**Operation in Detail:**
The patient was brought to the operating room and appropriate lines and monitors were placed. The Leksell frame was attached using local anesthesia. A preoperative CT scan was performed and this was merged with the preoperatively obtained MRI. Using a combination of direct and indirect targeting, the coordinates were determined.

The scalp was prepped and draped, and two curvilinear incisions were made anterior to the coronal suture. **Two burr holes were made approximately 3 cm off the midline** \[6\]. The coordinates for the left brain lead were entered into the Leksell frame, and the cannula was inserted into the brain. **Microelectrode/macroelectrode recording was performed** \[7\], and good recordings were seen from the GPI. The bottom of the GPI was seen at target. The lead was measured and the bottom of contact 0 was placed at target. Intraoperative testing revealed no untoward side effects at 5V. **The electrode was secured using the StimLock device** \[8\].

The coordinates for the right brain lead were entered into the Leksell frame, and the cannula was advanced into the brain. **Single track microelectrode recording was performed** \[9\], and good recordings were seen from the GPI. The bottom of the GPI was seen at target. The lead was measured and the bottom of contact 0 was placed at target. Intraoperative testing revealed no untoward side effects at 5V. The electrode was secured using the Slim Lock device \[10\].

The right brain electrode was marked with a tie, and the distal end of the leads were tunneled to the left parietal region \[11\].

The incision was irrigated and closed in layers using Vicryle Rapide. **A postoperative CT scan was performed in the OR with the Leksell frame on** \[12\], and it was merged with the preoperative MRI. The leads were found to have excellent accuracy. The Leksell frame was then removed.

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\[1\] Postoperative diagnosis is dystonic tremor.

\[2\] Planned procedures are implantation of deep brain stimulating (DBS) electrodes into the globus pallidus internus, electrophysiological monitoring and CT scan. Verify procedures in the body of the operative report.

\[3\] Diagnosis of dystonic tremor confirmed.

\[4\] A burr hole approach is performed.

\[5\] Microelectrode recording is performed.

\[6\] Left electrode inserted onto the brain.
Right brain electrode inserted.

Postoperative CT scan performed.

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

**CPT® Codes:** 61867, 61868

**ICD-10-CM Code:** G25.2

**Rationales:**

**CPT®:** Look in the CPT® Index for Neurostimulators/Implantation/Electrode Array/by Burr Hole 61863–61864. Report 61867 Twist drill, burr hole, craniotomy, or craniectomy, with stereotactic implantation of neurostimulator electrode array in subcortical site (eg., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording, first array. One electrode was placed on the right and one on the left, so 61868 is also reported for the additional array. Code 61868 is an add-on code. It is only reported in addition to the primary procedure, without a 51 modifier. The intraoperative and postoperative CT scans are part of the procedure and not reported separately.

**ICD-10-CM:** The medically refractory symptoms indicate that all other possible treatments have failed for the dystonic tremors, justifying the intracranial neurostimulator implant.

In the ICD-10-CM Alphabetic Index for Tremor(s)/specified type NEC referring you to G25.2. Dystonic tremors is documented which indicates the type of tremor the patient has making G25.2 the appropriate code.

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**ICD-9-CM Application**

What ICD-9-CM code(s) is/are reported?

**ICD-9-CM Code:** 333.79

**Rationale:** Look in Alphabetic Index for Dystonia/symptomatic 781.0. Verification in the Tabular List indicates that 781.0 Abnormal involuntary movements. The notes indicate tremor NOS; however, the Excludes indicates to use special movement disorders classifiable to 333 (333.0–333.9). Look in the Alphabetic Index then for Dystonia/torsion (idiopathic)/symptomatic 333.79. Category 333 indicates Includes: Other forms of extrapyramidal, basal ganglia, or striatopallidal disease. Report 333.79 Other acquired torsion dystonia.