
Documentation Dissection

PREOPERATIVE DIAGNOSES: Localization-related epilepsy and epileptic syndrome with complex partial seizure.

POSTOPERATIVE DIAGNOSES: Localization-related epilepsy and epileptic syndrome with complex partial seizures ^[1].

PROCEDURE PERFORMED:

Generator/battery replacement for vagus nerve stimulator (VNS) ^[2].

Intraoperative programming of generator for VNS stimulator ^[2].

ANESTHESIA: General with endotracheal intubation.

ESTIMATED BLOOD LOSS: None.

DRAINS: None.

SPECIMEN: VNS generator, model 103, sent to pathology department for gross evaluation only.

COMPLICATIONS: None. The patient tolerated the procedure well. At the end of the case was transferred to PACU, extubated in stable condition.

INDICATIONS: Decreased perception of stimulation from VNS ^[3] was noted during a recent examination.

OPERATIVE FINDINGS: Old Model 103 VNS generator in the pocket. This was replaced by modal 105. The old generator was a model 103 ^[4].

PROCEDURE IN DETAIL: After patient Identification and marking, the patient was taken to the OR. She was placed on the OR table in supine position. She underwent general anesthesia with endotracheal intubation per anesthesia team. The chest end lower neck were prepped and draped in sterile fashion. At this point, a preoperative timeout was performed with entire surgical team in attendance. The patient's identification and planned procedure were reviewed and agreed upon. The patient received 1 g of intravenous Ancef, IV antibiotics prior to skin incision. At this point, we initiated the operation by reopening the preexisting infraclavicular incision scar with a #15 cold knife through the skin and subcutaneous tissue. Using Bovie electrocautery, we took the dissection down to the generator pocket. The generator pocket was opened with Metzenbaum scissors. The old VNS model 103 generator was removed without any difficulties, detached with torque wrench from the Single pin lead and sent to pathology department for gross evaluation only ^[5]. At this point, we expanded the size of the pocket with Bovie electrocautery to accommodate the new 105 model VNS generator. The generator was attached to the single pin lead with torque wrench and placed in the pocket ^[6]. The generator was interrogated and was functioning properly and then tested without any complications and no asystole ^[7]. The pocket was irrigated prior to generator replacement with sterile normal saline, Bacitracin antibiotic solution. Careful hemostasis was accomplished with Bovie electrocautery prior to generator replacement as well. The pocket was then closed with running 3-0 Vicryl sutures subcutaneous followed by running 4-0 PDS subcuticular closure followed by Dermabond to seal off the wound. All counts were correct. There were no intraoperative complications. The patient tolerated the procedure well and at the end of the case was transferred to PACU, extubated in stable condition.

^[1] Postoperative diagnosis is localization-related epilepsy and epileptic syndrome with complex partial seizures.

^[2] Planned procedures are replacement of a VNS generator and battery and the intraoperative programming of the VNS stimulator. Verify procedures in the body of the operative report.

^[3] Identifies the need for replacing the vagal nerve stimulator.

^[4] Confirmation of replacement of nerve stimulator.

^[5] The old VNS stimulator was removed.

6] The new VNS generator was inserted into the old pocket.

7] Confirmation of the programming of the new VNS generator.

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

CPT® Code: 64590

ICD-10-CM Codes: T85.111A, G40.209

Rationales:

CPT®: A vagal nerve stimulator (VNS) used for the treatment of epilepsy is considered a peripheral nerve stimulator as the electrodes are inserted around the vagus nerve in the neck area. The generator is usually implanted in the subcutaneous tissues of the left upper chest. Look in the CPT® Index for Neurostimulator/Insertion/Pulse Generator 61885–61886, 64568, 64590. The correct code is 64590 *Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or indirect inductive coupling.*

ICD-10-CM: The VNS battery was not working properly, so the generator was changed. In the ICD-10-CM Alphabetic Index, locate Complication/electronic stimulator device/peripheral nerve/mechanical/breakdown T85.111-. Check the Tabular List for T85.111 Breakdown (mechanical) of implanted electronic neurostimulator of peripheral nerve electrode (lead). A 7th character A is needed for initial episode, or active treatment, verifying that T85.111A. is the correct code. Next look in the Alphabetic Index for Epilepsy/localization/symptomatic/with complex partial seizures G40.209. Verification in the Tabular List indicates that G40.209 Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus is the correct code.

ICD-9-CM Application

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

ICD-9-CM Codes: 996.2, 345.40

Rationale: Look in the Alphabetic Index for Complication/nervous system/device, implant, or graft/mechanical 996.2. Next, look in the Alphabetic Index for Epilepsy/localization, related (focal) (partial) and epileptic syndromes/with/complex partial seizures 345.4x. Verification in the Tabular List indicates that a fifth digit of 0 is required for without mention of intractable epilepsy.
