Documentation Dissection

PREOPERATIVE DIAGNOSIS: Chronic right frontoparietal subdural hematoma.

POSTOPERATIVE DIAGNOSIS: Chronic right frontoparietal subdural hematoma [1].

PROCEDURE: Right frontal and parietal burr-holes for evacuation of subdural hematoma with placement of a subdural drain [2].

ANESTHESIA: General endotracheal anesthesia.

IMPLANTS: NeuroMatrix titanium plates and screws.

INDICATIONS: This is a 70-year-old woman who presented with headaches, dizziness, and left-sided weakness [3]. She presented to an outside hospital and a head CT was performed, which demonstrated a chronic right frontoparietal subdural hematoma [4]. Bur holes for evacuation of the hematoma were recommended.

The various treatment options were discussed with the patient, as were the risks and benefits of surgery. The patient expressed a desire to proceed with surgery, and she was taken to the operating room.

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room and induced under general anesthesia [5]. She was placed in the supine position with a bump under the right shoulder and her head on a horseshoe. A right frontal incision [6] overlying the coronal suture and an incision at the frontoparietal junction was marked. The surgical field was then prepped and draped in the standard sterile fashion. Local anesthetic with epinephrine was injected.

A scalpel was used to open the incisions. The underlying tissue was dissected and the periosteum was reflected. A high-speed craniotome was used to create the two burr holes [7]. The dura was coagulated and incised in a cruciate fashion. Chronic-appearing subdural hematoma-fluid evacuated spontaneously under moderate pressure [8]. The subdural drain catheter was then placed into the subdural space and over a liter of normal saline was irrigated until the subdural fluid was completely clear [9]. The subdural drain catheter was then tunneled from the posterior burr-hole to the anterior bur-hole and through the scalp. The drain was secured to the skin with a 3-0 nylon suture.

Gelfoam pledgets were placed in the bur holes and NeuroMatrix titanium bur-hole covers were placed and secured with titanium screws. The subdural drain was attached to a Becker-Bag Drainage System after evacuating air and flushing with normal saline.

The incisions were irrigated with bacitracin irrigation. The closure was then performed with interrupted 3-0 Vicryl sutures for the galeal layer and the skin was approximated with staples. A sterile dressing was placed with bacitracin ointment and Telfa. At the end of the case, all counts were correct. Dr. X was present for all critical portions of the case. The patient tolerated the procedure without complication, was extubated in the operating room, and was taken to NCC postoperatively in stable condition.

ESTIMATED BLOOD LOSS: Less than 30 mL.

COMPLICATIONS: None.

CONDITION: Stable to NCC.

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[1] The postoperative diagnosis is used for coding unless further information is found in the body of the operative report.

[2] Procedure performed.

[3] Symptoms that are a part of the diagnosis are not reported separately.

[4] Condition or reason for the procedure is evacuation of the hematoma.

[5] General anesthesia was used.

[6] Performed on the right side.

[7] Method of Access: Bur Holes.

[8] Evacuation of the hematoma.

[9] Location: Subdural.

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

CPT® Code: 61154-RT

ICD-10-CM Code: I62.03

Rationales:

CPT®: To code for a Burr Hole, you need to know the method of access (Burr Hole), the condition or reason for the procedure (evacuation/drainage of a hematoma), and the location (subdural). Look in the CPT® Index for Burr Hole/for Drainage/Hematoma and you are directed to 61154–61156. Selection of the code is based on the location. 61154 is reported for subdural. This procedure requires laterality. Modifier RT is appended to indicate the right side.

ICD-10-CM: For the ICD-10-CM code, you need to know if it is traumatic or nontraumatic and if it is a newborn. It is not a newborn. The documentation states it is chronic indicating it is nontraumatic. Look in the ICD-10-CM Alphabetic Index for Hematoma/subdural/nontraumatic which directs you to see Hemorrhage, intracranial, subdural. Look in the Alphabetic Index for Hemorrhage/intracranial/subdural/chronic and you are directed to I62.03. Verify code selection in the Tabular List.