
Documentation Dissection

PREOPERATIVE DIAGNOSIS: Right renal stone.

POSTOPERATIVE DIAGNOSIS: Right renal stone ^[1].

PROCEDURE: Right shockwave lithotripsy ^[2].

ANESTHESIA: LMA.

ESTIMATED BLOOD LOSS: Minimal.

The patient was given antibiotics preoperatively.

HISTORY: This is a 47-year-old male who presented with right renal stone and right UPJ stone ^[3]. The right UPJ stone was removed using ureteroscopy several days ago ^[4]. The plan now is for shockwave lithotripsy on the kidney stone. Risk of anesthesia, bleeding, infection, pain, MI, DVT, PE was discussed. Options such as watchful waiting, passing the stone on its own, and shockwave lithotripsy were discussed. The patient wanted to proceed with the shockwave to break the stone into smaller pieces to allow the stones to pass easily. Consent was obtained.

DETAILS OF THE OPERATION: The patient was brought to the OR. The patient was placed in the supine position. General anesthesia was administered. Using a Dornier lithotripter, a total of 2500 shocks were applied to the area of the right kidney. Energy levels were slowly started at 2, and increased up to 7. Gradually, the stone seemed to have broken into smaller pieces as the number of shocks went up. The shocks were started at 60 per minute and slowly increased up to 90 per minute ^[5]. The patient's heart rate and blood pressure were stable throughout the entire procedure. After the end of the shockwave lithotripsy, the patient was placed in dorsal lithotomy position. The patient was prepped and draped in usual sterile fashion and cystoscopy was performed ^[6]. After visualizing the bladder, the cystoscope was removed. The patient tolerated the procedure well. The patient was brought to recovery in stable condition. The plan was for the patient to follow up with us and plan for KUB in about two to three months.

^[1] Postoperative diagnosis is a right renal stone.

^[2] Planned procedure is a right shockwave lithotripsy. Verify procedure in the body of the operative report.

^[3] Originally presented with a right renal stone and a right UPJ stone.

^[4] Indicates the UPJ stone was removed by ureteroscopy during a previous procedure.

^[5] Lithotripsy was performed on the kidney stone to break it into smaller pieces.

^[6] Cystoscopy was performed.

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

CPT® Code: 50590-RT

ICD-10-CM Code: N20.0

Rationales:

CPT®: The surgery performed is a right shockwave lithotripsy and cystoscopy. In the CPT® Index, locate Lithotripsy/Kidney, which refers to 50080, 50081, 50590, 52353. Report 50590 *Lithotripsy, extracorporeal shock wave*. Modifier RT is appended to indicate the right side. Do not report 52352 for the cystourethroscopy with ureteroscopy with removal of calculus because this procedure was performed several days ago. The cystoscopy (52000) is listed as a “separate procedure” and is included in the primary procedure and not reported separately. A separate reason for the cystoscopy is not documented and there are no findings listed; therefore, 52000 is bundled with 50590.

ICD-10-CM: In the ICD-10-CM Alphabetic Index, locate Calculus, calculi, calculous/kidney (impaction) (multiple) (pelvis) (recurrent) (staghorn), which refers to N20.0. Verification in the Tabular List identifies N20.0 *Calculus of the kidney*, as the correct code.
