
Documentation Dissection

ANESTHESIA: General

PREOPERATIVE DIAGNOSIS: Accidental gunshot wound to the right neck.

POSTOPERATIVE DIAGNOSIS: Accidental gunshot wound ^[4] to the right neck ^[2] with large hematoma and subcutaneous air in the right neck.

NAME OF OPERATION:

1. Right neck exploration ^[3]
2. Foreign body removal ^[3]

PERIOPERATIVE ANTIBIOTICS: Ancef one g IV

DVT PROPHYLAXIS: Bilateral SCDs throughout the case

INDICATIONS FOR PROCEDURE:

This is a sixty-year-old man who sustained an accidental gunshot wound ^[4] that penetrated the right neck. The patient arrived with an open wound and hematoma on the right neck. ^[5] He was combative and belligerent. He was intubated in the emergency department. CT scan revealed no hard evidence of arterial injury but a bullet directly in line with the internal jugular vein, a large right sided neck hematoma and subcutaneous air. We elected to take him to the operating room for neck exploration to rule out vascular injury and injury to the aero digestive tract.

DESCRIPTION OF PROCEDURE:

The patient was brought to the operating room and placed supine on the operating room table. General endotracheal anesthesia was administered. The right neck, chest, and left leg were prepped and draped in the sterile fashion. A proper time out was performed. A right sternocleidomastoid incision was performed to widen the wound for exploration and it was carried down through the platysma muscle ^[6]. The sternocleidomastoid muscle was retracted laterally. The carotid sheath was identified. The carotid sheath in zone one and lower portion of zone two of the neck was without evidence of trauma or hematoma. There was moderate amount of venous oozing moving superiorly. The carotid bifurcation was identified and noted to be without injury. As we moved superiorly, the hypoglossal nerve was not identified but a foreign body was identified resting on the internal jugular vein at approximately the level of the angle of the mandible ^[7]. This was removed ^[8]. There was no penetration of the internal jugular vein. All venous bleeding was controlled with the electrocautery and 3-0 Vicryl ties ^[9]. The facial vein was divided to facilitate dissection. The parotid gland was noted to have a blast injury near the tail. This was not surgically repaired or resected. After we had thoroughly examined the neck, we determined that the bullet path was high enough not to have affected the esophagus or air way. Once all bleeding was controlled, a 10 French round drain was placed in the wound. The wound was copiously irrigated. The sternocleidomastoid muscle was reapproximated medially. The platysma muscle was closed and the skin was closed with subcuticular closure ^[10].

^[1] The patient presented with a gunshot wound to the right neck.

^[2] Indication of location of injury.

^[3] The patient underwent a right neck exploration with foreign body removal..

^[4] Documentation of how the wound occurred.

^[5] Documentation to support location.

^[6] Indication the physician enlarged the wound.

^[7] The foreign body was identified in a certain area of the neck.

^[8] The foreign body was removed.

^[9] The bleeding was controlled.

^[10] The physician closed the muscle and skin.

The patient was subsequently awakened, transferred to the stretcher and taken to the ICU in stable condition. He tolerated the procedure well.

COMPLICATIONS: None

ESTIMATED BLOOD LOSS: 20 mL

CONDITION ON DISCHARGE FROM OPERATING ROOM: Stable

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

CPT® Code: 20100

ICD-10-CM Codes: S11.84XA, W34.00XA

Rationales:

CPT®: A bullet penetrated the oral cavity and lodged within the neck. The CPT Index look for Wound/Exploration/Penetrating/Neck referring you to 20100. The description of 20100 describes the exploration of a penetrating wound of the neck. HCPCS Level II modifiers RT/LT are not considered appropriate for this code.

ICD-10-CM: In the ICD-10-CM Alphabetic Index look for Puncture/neck/specified site NEC/with foreign body referring you to S11.84. The Tabular List verifies S11.84 is used to identify puncture wound with foreign body of other specified part of neck. This code requires a 7th character to indicate the encounter. The 7th character must always be the 7th character in the data field. If a code that requires a 7th character is not 6 characters, a placeholder X must be used to fill in the empty characters. Code S11.84XA is used for this encounter. The hematoma is not reported. Guideline I.C.19.b.1. indicates that superficial injuries, such as a hematoma, are not coded when associated with more severe injuries of the same site.

We will also code for the cause of injury. In ICD-10-CM External Cause of Injuries Index locate Gunshot wound W34.00-. The Tabular List verifies W34.00- is used for gunshot wound NOS which is an inclusion term under Accidental discharge from unspecified firearms or gun. This code requires a 7th character to indicate the encounter. The 7th character must always be the 7th character in the data field. If a code that requires a 7th character is not 6 characters, a placeholder X must be used to fill in the empty characters.

Because this is the first encounter for this injury, the place of occurrence, activity, and status are reported if known. The place of occurrence isn't documented. The ICD-10-CM Place of Occurrence Guideline says to not use Y92.9 if the place is not stated. The activity and external cause status are also unknown and therefore not coded.