Documentation Dissection

PREOPERATIVE DIAGNSOSIS: Acute appendicitis.

POSTOPERATIVE DIAGNOSIS: Same, nonperforated [1].

PROCEDURE PERFORMED: Laparoscopic appendectomy [2].

ANESTHESIA: General.

SPECIMENS: Appendix to pathology [3].

FINDINGS: A dilated appendix without evidence of perforation.

INDICATIONS FOR PROCEDURE: The patient is a 19-year-old female who presented with right lower quadrant pain and radiographic evidence of appendicitis.

DESCRIPTION OF THE PROCEDURE: The patient was taken to the operating room theater. She was placed in supine position. General anesthesia was induced. Preoperative antibiotics were administered. The patient's abdomen was then prepped and draped in the normal sterile fashion. All trocar sites were anesthetized using local anesthetic. An infraumbilical incision was then made to accommodate a 5 mm port. Under countertraction, a Veress needle was placed. Pneumoperitoneum was then established to 14 mm Hg [4]. The patient's abdomen was inspected and after an optical viewing trocar was placed. There was found to be no evidence of Veress needle or trocar related injury. An additional 5 port was placed in the suprapubic location and a 12 port placed in the left lower quadrant.

The patient was then placed in Trendelenburg position with the left side down. The appendix was identified. This was found to be dilated and injected, but there was no evidence of perforation. This was then grasped and the lateral attachments to the retroperitoneum were taken down sharply with scissors. The appendix was then elevated anteriorly. A defect was made between the appendix and cecum at the base of the appendix. The appendix was then transected using a blue based of the appendix. The appendix was then transected using a blue load GIA stapler, taking a small cuff of normal cecum with it. The appendiceal artery and mesoappendix were then taken in a similar fashion with a vascular load [5]. The appendix was then passed into an EndoCatch bag and removed through the left lower quadrant trocar site. There was found to be a mild bleeding from both staple lines and this was controlled with Hemoclips. The remainder of the abdomen was inspected. There was found to be no purulent fluid, no other pathology.

Pneumoperitoneum was then released and all trocar sites removed. The left lower quadrant fascia site was then closed with a 2-0 Vicryl in Monocryl in a subcuticular fashion. Steri-Strips and sterile dressings were applied.

The patient tolerated the procedure well. There were no complications. All counts were correct as reported to me at the end of the case.

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[1] Diagnosis is nonperforated acute appendicitis.

[2] Procedure for laparoscopic appendectomy.

[3] Specimen sent to pathology.

[4] Verification procedure is performed laparoscopically by placement of trocars into the peritoneal cavity.

[5] Documentation of appendectomy performed.

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

CPT® Code: 44970

ICD-10-CM Code: K35.80

Rationale:

CPT®: The patient had a laparoscopic appendectomy. An appendectomy is an excision of the appendix. Look in the CPT codebook for Appendectomy/laparoscopic and you are directed to 44970. Verify code selection.

ICD-10-CM: The preoperative diagnosis is acute appendicitis. The postoperative diagnosis is stated as Same, nonperforated. Look in the ICD-10-CM Alphabetic Index for Appendicitis/acute. Verification in the Tabular List confirms acute appendicitis as K35.80. Perforated appendix as an inclusion term. In the index, Appendix/acute does not have an option for perforation and directs you to K35.80. K35.80 is a less specific code than K35.2.