



ICD-10-CM Coding Workbook for OB/GYN

Specialty coding guidance for ICD-10-CM

2017

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Case Study #50—Laparoscopic Left Cystectomy

Description

A 20-year-old female patient, para 0, gravida 0, presented to the emergency department C/O acute onset of right lower pelvic pain unresponsive to pain medications with postcoital vaginal bleeding. The patient had a temperature of 101 degrees; blood pressure was 115/65. Ultrasound examination showed enlarged ovaries bilaterally with bilateral ovarian dermoid cysts.

Preoperative Diagnoses

Abdominal and pelvic pain
Ovarian cysts

Postoperative Diagnoses

Left partial torsion ovary with multiple teratomas
Right torsion edematous and hemorrhagic ovary
Abdominal and pelvic pain

Procedures Performed

Laparoscopic left cystectomy

Anesthesia

General endotracheal anesthesia

Estimated Blood Loss

Minimal

Findings

A 5 cm, partially twisted left ovary with a number of dermoid cysts was noted upon examination, as well as an 8 cm, bleeding and fluid-filled torsion right ovary. No evidence of adhesions, infection, or endometriosis. The peritoneum showed the presence of blood.

Procedure

The patient was placed in the supine position and was draped and prepped in the routine sterile manner and placed in the dorsal lithotomy position. A preoperative bimanual examination revealed findings as above. Attention was turned to the vagina, where a weighted speculum was placed in the vagina and the anterior lip of the cervix was grasped using a single-toothed tenaculum. The Cohen cannula was then inserted through the cervix without difficulty and the weighted speculum was removed. The bladder had been drained with a Foley catheter. Attention was then turned to the abdomen where an approximately 10 mm skin incision was made in the umbilical fold. Entry into the peritoneum was done using the open method. The fascia was identified and incised and the fascia and peritoneum were entered using a blunt Kelley clamp. At this time, the 10 mm trocar was placed through the umbilical incision and confirmation of intraabdominal placement was confirmed under direct visualization by the camera. The abdomen was insufflated using approximately 4 liters of CO₂ gas. At this time, the second incision was made using a 5 mm incision and 5 mm trocar in the left lower quadrant and the third trocar was inserted also using a 5 mm incision in the right lower quadrant. Examination of the pelvis revealed findings as above.

The right ovary was untwisted; three ovarian teratomas, confirmed by histopathology, were removed in tact from the left ovary. Color was restored to the right ovary but no attempt was made to perform cystectomy at this time, due to the presence of fluid and blood that appeared to come from the ovary. The pelvis was irrigated, and once hemostasis was assured, the Endo Catch bag was placed through the

10 mm port and the cyst wall components as well as the left ovarian cysts were placed in the Endo Catch bag and removed through the 10 mm incision without difficulty. At this time, the pelvis was again copiously irrigated and dried. Hemostasis was assured. At this time, all instruments were removed under visualization. The 10 mm umbilical incision was closed using two interrupted stitches of 2-0 Vicryl sutures and the skin was closed using interrupted stitches of 4-0 Monocryl suture. Steri-Strips were placed after closure with 4-0 suture in the lateral ports. All instruments were removed. There was slight oozing noted at the site of the single-toothed tenaculum insertion; obtained hemostasis using ring forceps pressure and Monsel solution. Once all instruments were removed, the patient was cleaned. The patient tolerated the procedure well without complications and was taken to the recovery room in stable condition.

Sponge and needle count were correct and the patient was taken to the recovery room in good condition.

Drains

None

Post-op Progress Note

Pathology report reviewed and confirms benign mature cystic teratomas.

Case Study #50—Laparoscopic Left Cystectomy

1. Determine the appropriate diagnosis codes to indicate why the procedure was performed.

D27.1 Benign neoplasm of left ovary

N83.51 Torsion of ovary and ovarian pedicle

The teratoma cyst was confirmed by histopathology as noted within the operative report; this cyst may also be known as an ovarian dermoid cyst or a benign neoplasm of the ovary. There are a number of ways this code may be located within ICD-10-CM. For this scenario, main term "Teratoma" is located in the Alphabetic Index, followed by subterm "ovary." The coder is directed to category D27.-, which indicates a fourth character is required to code to the highest degree of specificity. The operative note indicates that three teratomas were removed by the surgeon from the left ovary; therefore, fourth character "1" is added. Coders can also look up main term "Cyst," followed by subterms "ovary" and "dermoid," as well as use the Neoplasm Table, searching for main term "Ovary" and looking in the "benign" column. The note "Additional Character Required" is shown next to code D27.- and confirmation in the tabular section provides three choices for a fourth character: 0 right ovary, 1 left ovary, and 9 unspecified ovary.

The operative report also indicates that the ovaries were twisted (torsion). Listed under main term "Torsion" and subterm "ovary" is "ovary (pedicle) N83.51," "with fallopian tube N83.33," and "congenital Q50.2." The procedure note did not specifically state that the fallopian tubes were twisted, so this code can be eliminated. Likewise, the physician did not provide any indication that the torsion was related to any type of congenital deficit; therefore, code N83.51 is selected and confirmed in the tabular listing. Note that this code does not specify laterality and may be used once for both ovaries.

2. Which index subterm is used to locate the left ovarian teratoma as documented in this report?

- a. Dermoid
- b. Teratoma
- c. Cyst

d. B and C

The notation in the procedure note and the progress note after pathology confirmation identify the cysts as teratomas. A teratoma is also known as a dermoid cyst. Under main term "Teratoma," subterm "ovary" is located and directs the coder to category D27.-, indicating a fourth character is required to identify which ovary is affected. Similarly, main term "Cyst" and subterms "ovary" and "dermoid" direct the coder to D27.9 for a benign neoplasm of unspecified ovary. The correct code is D27.1 for the left ovary.

3. Which code is used to report the torsion ovaries?

- a. N83.53 Torsion of ovary, ovarian pedicle and fallopian tube
- b. Q50.2 Congenital torsion of ovary

c. N83.51 Torsion of ovary and ovarian pedicle

- d. Do not report the torsion ovaries

As stated above, the appropriate code to indicate torsion of the ovaries is N83.5. Listed under main term "Torsion" and subterm "ovary" is "ovary (pedicle) N83.51," "with fallopian tube N83.33," and "congenital Q50.2." The operative note did not indicate involvement of the fallopian tubes nor did the surgeon identify a congenital deficit. Subsequently code N83.51 is chosen and verified.

4. What documents are sourced to determine how to code the cysts?

- a. Operative note
- b. Pathology report**
- c. Admitting history and physical
- d. Operative note and pathology report

Surgeons frequently state that a lesion or neoplasm is benign or malignant. There are occasions where a biopsy or specimen is not submitted to the laboratory for a pathologist's confirmation. However, when a specimen is submitted for confirmation, the final diagnosis should not be reported without notation or review of the pathology report. In this encounter, the progress note following the procedure indicates that the pathologist confirmed that the lesion was benign.