The Operative Report

The Operative Report is a useful tool for reimbursement purposes and will directly influence whether a payer approves a specific patient claim for payment. The Operative Report is the evaluation criteria used for payer audits and provides the information necessary to determine whether a procedure(s) is considered medically necessary for a specific patient encounter. Operative Notes represent the most important justification of reimbursement for surgical procedures and physicians should assess the Operative Report as a billing document and provide the information necessary to expedite reimbursement.

Elements That Need To Be Included

1. **What?** Describe in detail the procedures performed (planning, registration, navigation, and marker placement) and the steps in the procedures.
2. **How?** Describe how the steps were executed, applicable instrumentation, preparation of the patient, preparation of the instrumentation, and other related protocols.
3. **Where?** Which anatomical structures were involved in the procedure (peripheral lung, lymph nodes).
4. **Why?** Demonstrate the reason for the Electromagnetic Navigation Bronchoscopy procedure (also known as an ENB procedure) (the diagnosis, condition of the patient, the problem) and illustrate in great detail why it was medically necessary for the patient.

Sample Operative Report

**The superDimension™ Navigation System used during ENB Procedures**

- **Patient Name:**
- **Patient Plan #:**
- **Age:**
- **Sex:**
- **Date of Procedure:**
- **Preoperative Diagnosis:** Insert Patient ICD-10 Diagnosis Code (e.g., R94.2: Abnormal results of pulmonary function studies)
- **Postoperative Diagnosis:** Insert Patient ICD-10 Diagnosis Code (e.g., C34.10: Malignant Neoplasm of upper lobe, unspecified bronchus or lung)
- **Procedure Performed:** Insert Actual Procedures Performed, Including ENB Procedure (Electromagnetic Navigation Bronchoscopy procedure with transbronchial biopsy, needle aspirate biopsy, deep sedation, and an intubation. The above patient was brought to the Bronchoscopy Suite and informed consent had previously been obtained.)
- **Performed By:**
- **Anesthesia:** Insert Anesthesia Administered During Procedure
- **Fluoroscopy:** Insert General Description if Fluoroscopy Was Utilized During Procedure
Description of Planning/Registration Procedure:
The patient’s CT scan data was rendered into DICOM formatted disc with 2 mm slices and 1 mm overlap (include specific reconstruction parameters). This disc information was inserted into the superDimension™ navigation system. The software reconstructed the data into multi-planar, sagittal, and coronal images and subsequently rendered 3-D information in the form of a virtual bronchoscopy.

Insert Description of Procedure Plan

Sample Description:
Describe registration planning, target (lesion and lymph node, if appropriate), and pathway planning, saving and exporting the plan.

Description of Procedure Inclusive of ENB Procedure:

Insert Description of Actual Procedure Performed

Sample Description:
After obtaining informed consent from the patient, the above sedative and anesthetic measures were carried out, flexible fiberoptic bronchoscope was inserted via an oral bite block. Posterior pharynx was clear. The two vocal cords were easily traversed after application of local anesthetic. Trachea is midline and normal in appearance. The carina is sharp, slit-like also normal in appearance. The right upper lobe, bronchus intermedius, middle lobe, and lower lobe showed normal segmental and subsegmental anatomy. No endobronchial lesions seen. Left lower lobe proper, lingual, and lower lobe areas on the left side were similarly normal in their segmental and subsegmental anatomy with no endobronchial lesions seen. Describe the automatic or manual registration process. The locatable guide catheter (steerable navigation catheter) with the extended working channel (ENB procedure Guide Catheter) was then utilized to steer within various segmental entrance points and approximately 3 mm of the center of the most central aspect of the targeted lesion. Multiple passes were taken with the transbronchial needle. Multiple passes were also taken with a transient cytology brush. Rapid onsite evaluation was performed that showed __________. Multiple transbronchial biopsies were then taken under fluoroscopic guidance. When performed, include: transbronchial needle aspiration of mediastinal lymph nodes (list station). Needle aspirate biopsies, transbronchial biopsies, and transbronchial needle aspiration of mediastinal lymph nodes (if performed) demonstrated non-small-cell pulmonary carcinoma on immediate pathologic review. The procedure was terminated at this point in time and the patient extubated in the bronchoscopy suite and sent to the recovery area. I shared the results of these tests with the patient and the family. She will be referred for pulmonary function test and oncologic consultation with radiation oncology as a possible preoperative adjunct to eventual right upper lobectomy with partial chest wall resection in Thoracic Center.

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