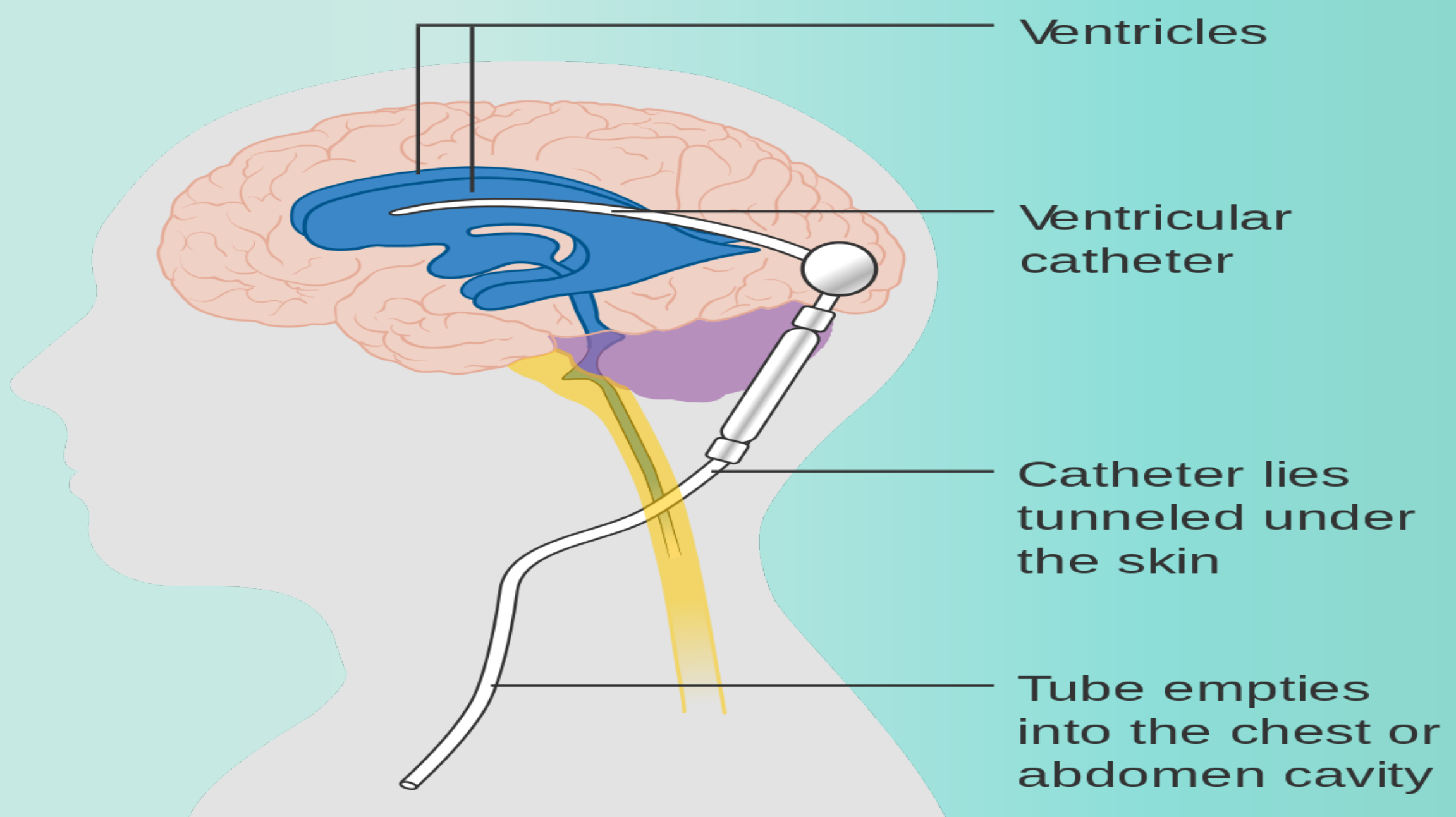# CSF Shunt Placement

What is it?

A ventriculoperitoneal shunt (VPS) is a surgical treatment for hydrocephalus. Hydrocephalus is a neurological disease literally meaning water on the brain and can be very disabling. This fluid (cerebrospinal fluid or CSF) is normally made then reabsorbed at certain rates and when these rates are not balanced, it can lead to an increase in fluid causing pressure and resulting in neurologic symptoms. CSF normally resides in cavities in the brain called ventricles.

The purpose of a VPS is to drain this excess fluid from the ventricle. This is achieved by placing a tube into the ventricle (in the brain) which drains the fluid to the abdomen. There is typically a valve which prevents the fluid from moving in the wrong direction and only lets fluid drain when the pressure is too high.

Ventricles

Ventricular catheter

Catheter lies tunneled under the skin

Tube empties into the chest or abdomen cavity

What is its goal?

The goal of a ventriculoperitoneal shunt (VPS) is to reduce the abnormally high pressure inside the brain. This is achieved by placing a catheter in the brain that allows drainage of excess fluid into the abdomen

How is it done?

The patient goes to sleep with general anesthesia. A small hole is made in the skull on the top of the head, behind the hairline. A small catheter is directed into the fluid filled cavity in the brain (ventricle). Tubing is tunneled to a place behind the ear where a valve is placed to regulate the flow of fluid. Tubing is again tunneled down to the belly (peritoneum) where the fluid can drain freely and be absorbed by the body. The surgery usually takes around an hour and a half to perform.

How to code CSF Shunt:

Look for proximal and terminal placement:

If you can find out what portion of the brain a shunt drains, and the location it drains into, you can code all shunt procedures with ease.

1. Determine Where the Shunt Begins and Ends Before selecting a code for initial shunt placement, you should read the surgeon's documentation to determine the locations of both the proximal (beginning) and terminal (drain site) portions of the shunt.

To treat obstructive hydrocephalus, the surgeon places an extra-cranial shunt or tube to drain fluid from the ventricles of the brain to another body area, The surgeon locates the proximal end of the shunt through a burr hole into the selected area of the brain and advances the distal portion of the shunt to the drain site

For Endoscope Placement, Claim the Add-On Code If the surgeon places a ventricular shunt (62220 or 62223) using the neuroendoscope, you may report add-on code +62160 (Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage [list separately in addition to code for primary procedure]) in addition to the code for the primary procedure.

For example, the surgeon places a ventricular shunt routed to the pleural cavity using the endoscope. In this case, you should report both 62223 and 62160. 3. Report Revisions Separately Extra cranial shunts may require periodic revisions or maintenance, which you may report separately.

Typically, shunts become blocked at one of three places: the ventricular catheter, the valve that controls the flow of fluid, or the distal tubing

By knowing the blockage location and the shunt type, and using the chart below, you can easily select the appropriate revision code.

CPT also includes 62252 for reprogramming of programmable CSF shunt. The reprogrammable shunt allows noninvasive pressure adjustments to correct over- or under-drainage of CSF.

According to CPT Changes 2001: An Insider's View, published by the AMA, you should report 62252 "one time only for each encounter" regardless of the number of parameters the surgeon adjusts. 4. Select 62256, 62258 for Complete Removals When the surgeon removes a complete shunt system, you should select 62256 (Removal of complete CSF shunt system; without replacement) or 62258 (... with replacement by similar or other shunt at same operation) if the surgeon also replaces the shunt system.

If the Shunt begins in	And ends in	Choose the code
Subarachnoid space	Hear Atrium or Jugular Vein	62190-Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular
Subarachnoid space	Peritoneal or Pleural cavity or other area	62192-Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus
Ventricles of the brain	Atrium or Jugular	62220-Creation of shunt; ventriculo-atrial, -jugular, -auricular
Ventricles of the brain	Peritoneal or Pleural cavity or Another area	62223-Creation of shunt; ventriculo-peritoneal, -pleural, other terminus

If the Shunt begins in	And required	Choose the code
Subarachnoid space	Replacement/irrigation of proximal shunt	62194-Replacement or irrigation, subarachnoid/subdural catheter
Subarachnoid space	Irrigation/Aspiration of shunt tubing	61070-Puncture of shunt tubing or reservoir for aspiration or injection procedure
Ventricles of the brain	Replacement/irrigation of proximal shunt	62225-Replacement or irrigation, ventricular catheter
Ventricles of the brain	Replacement/Revision of valve or distal catheter	62230-Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system
Subarachnoid space or Atrial or Jugular-Auricular ventricles	Replacement/Revision of valve or distal catheter	36581-Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
Subarachnoid space or Atrial or Jugular-Auricular ventricles	Repositioning of valve or distal catheter	36597-Repositioning of previously placed central venous catheter under fluoroscopic guidance

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