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Compression of Brain

CMS-HCC_V28 Model Updates

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and **ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, on services submitted to Healthfirst—specifically for **Compression of Brain (non-Traumatic)**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Brain Compression (of non-Traumatic etiology) and brain herniation may be experienced because of pressure that occurs in the incident of when cerebrospinal fluid, brain tissue, and blood vessels are displaced away from their usual position in the skull.

Clinical Documentation Should Include

- Etiology of brain compression: Traumatic or non-Traumatic (Traumatic brain compression is coded to **S06.A***)
- Symptoms, such as headache, dizziness, loss of balance, etc.
- Coma Scale when applicable
- Anoxic brain damage if present
- Any chronic conditions, such as Diabetes Mellitus
- Any congenital malformations, such as Chiari Malformation
- Any procedures related, such as Craniotomy or Burr Hole Procedure
- Any risk conditions, such as Transient Neurological Deficits post procedure
- Any treatment of Cerebral Edema (**G93.6**) when present
- Results of test or studies, such as CT scan, MRI, Myelogram, Swallowing Study

*Requires additional digits to complete the diagnosis code.

Documentation and Coding

Coding Tips

- **G93.5 Compression of Brain**—Cannot be coded together with **S06.A*** (Traumatic Compression of Brain).
- This code also includes the following conditions: Arnold Chiari Type 1, Herniation of Brain/Brainstem, Compression of Brainstem.
- Cannot be coded from a radiologist's report, only from documentation of a valid provider.
- “Midline shift” does not have a code description. Instead, document “Brain compression with midline shift present.”

Coding Example of Traumatic Brain Compression

Case	A 30-year-old male presents after a fall, without loss of consciousness, near a bar a few days ago. Patient refused medical attention at the time. Now he presents with a headache, confusion, slurred speech, and difficulty keeping his eyes open. His head CT scan reads Large L SDH with approximately 1.1 cm midline shift. Attending provider documents the cause to be traumatic and in the progress notes “brain compression” is documented.
ICD-10-CM Codes	S06.5X0A Traumatic subdural hemorrhage without loss of consciousness, initial encounter. S06.A0XA Traumatic brain compression without herniation, initial encounter.
Rationale	Documentation does not support G93.5, Compression of brain , since it is documented that the patient has a traumatic brain injury. The correct codes would be S06.5X0A, Traumatic subdural hemorrhage without loss of consciousness, initial encounter , and S06.A0XA, Traumatic brain compression without herniation, initial encounter .

*Requires additional digits to complete the diagnosis code.

Documentation and Coding

Coding Example of Non-Traumatic Brain Compression

Case	A 24-year-old female presents to emergency department with a severe head and neck pain, dizziness, blurred vision, and hypersensitivity to bright lights. Patient does not have any head trauma. Based on radiology reports, the attending documents in Progress Notes-Compression of the upper part of the spine into the base of the skull with resulting compression of brainstem.
ICD-10-CM Code	G93.5 Compression of brain
Rationale	Documentation supports G93.5, Compression of brain , since it is documented that the compression of the brain stem is the result of the upper part of the spine compressing into the base of the skull and no trauma to head is documented.

*Requires additional digits to complete the diagnosis code.

Questions?

Contact us at #Risk_Adjustments_and_clinical_Documentation@healthfirst.org.

For additional documentation and coding guidance, please visit the coding section on HFproviders.org.

References

- [Chiari malformations, National Institutes of Neurological Disorders and Stroke](#)
- [Brain compression, National Library of Medicine](#)
- [Brain Compression by Encephalo-Myo-Synangiosis, National Library of Medicine](#)
- [Chiari malformation, American Association of Neurological Surgeons](#)
- [ICD-10-CM Official Coding Guidelines, FY 2024](#)

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