healthfirst
Health Insurance for New Yorkers

Documentation and Coding:
Benign Brain Neoplasm

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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 on services submitted to Healthfirst specifically for benign brain neoplasm. 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.

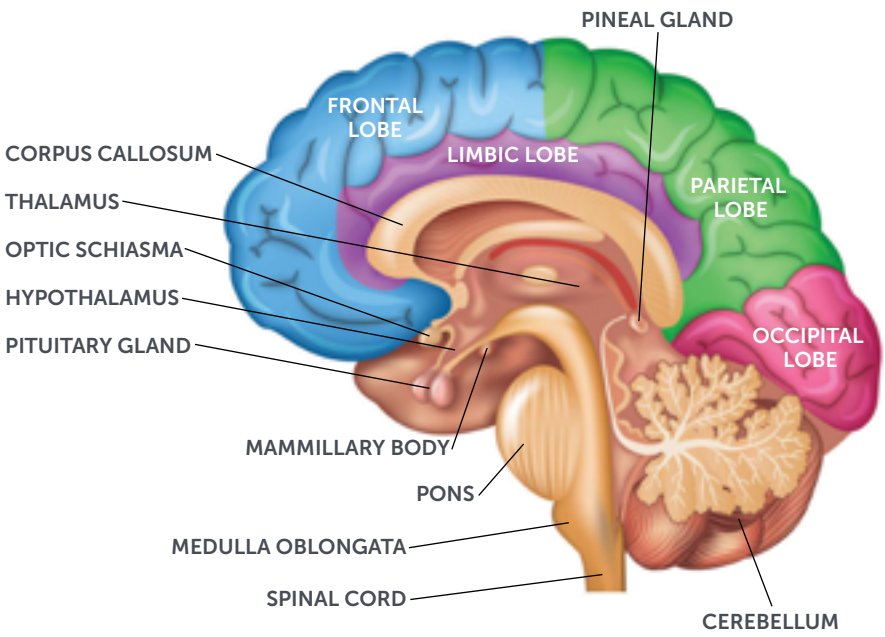
Benign brain neoplasms are classified by anatomical site.

(D33.0) Benign neoplasm of brain, supratentorial

Includes cerebral ventricle, cerebrum, frontal lobe, occipital lobe, parietal lobe, temporal lobe, basal ganglia, corpus striatum, cerebral cortex, globus pallidus, hippocampus, hypothalamus, internal capsule, thalamus, uncus, and ventricle floor.

(D33.1) Benign neoplasm of brain, infratentorial

Includes brain stem, cerebellum, fourth ventricle, cerebellopontine angle, choroid plexus, medulla oblongata, midbrain, peduncle, pons, and stem.



Clinical Documentation Should Include

Updated Status of Condition	Specific Type of Tumor	Treatment Plan with
■ Stable ■ Improved ■ Worsening	■ Benign ■ Malignant ■ Malignant Secondary ■ Carcinoma in situ ■ Uncertain Behavior	■ Clear concise information ■ Related medications linked to definitive diagnosis ■ Specific diagnostic tests ordered, medical management, neurology referral, and surveillance

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Coding Tips

- Use the codes to identify related care:
  - Z15.89 - Genetic susceptibility to other disease
  - Z48.3 - Aftercare following surgery for neoplasm, assign additional code to identify the neoplasm
- Previously excised neoplasms should not be coded as current; instead report code (Z86.011 - Personal history of benign neoplasm of the brain)

Coding Examples

Question 1	For inpatient cases, coders are expected to query the physician if there is conflicting information between the medical record final diagnosis and the pathology report. However, if a patient is admitted with a brain mass, the provider notes in the operative report that the mass was removed and the pathology report contains specific information as to the type of tumor (e.g., benign or malignant). Can the more specific diagnosis (malignant tumor) be coded based on the pathology report?
AHA Coding Clinic *(Volume 3, Third Quarter, 2016)*	The ICD-10-CM Official Guidelines for Coding and Reporting (Section III, B. Abnormal Findings) states, "Abnormal findings (laboratory, X-ray, pathologic, and other diagnostic results) are not coded and reported unless the physician indicates their clinical significance. If the findings are outside the normal range and the physician has ordered other tests to evaluate the condition or prescribed treatment, it is appropriate to ask the physician whether the abnormal finding should be added." When coding strictly from the pathology report, the coder is assigning a diagnosis based on the pathological findings alone without the attending physician's corroboration. Although the pathologist provides a written interpretation of a tissue biopsy, this is not equivalent to the attending physician's medical diagnosis based on the patient's complete clinical picture. The attending physician is responsible for, and directly involved in, the care and treatment of the patient. This advice is consistent with information regarding appropriateness of code assignments based on documentation by a physician other than the attending physician, since a pathologist's interpretation of a specimen is not the same as a diagnosis provided by a physician directly involved in the care and treatment of the patient. If the attending physician documented "brain mass" and the pathologist documented "astrocytoma," this would be conflicting information requiring clarification from the attending physician.

DO NOT:

- Document a suspected or unconfirmed benign neoplasm as if it were confirmed.
- Use words that indicate uncertainty ("likely," probable," "apparently, "consistent with," etc.) to describe a current or confirmed benign neoplasm.

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Questions?

Contact us at **#Risk_Adjustments_and_clinical_Documentation@healthfirst.org**.

For additional documentation and coding guidance, please visit the Coding section at **hfproviders.org**.

References:
ICD-10-CM Official Guidelines for Coding and Reporting; CodingClinicAdvisor.com