

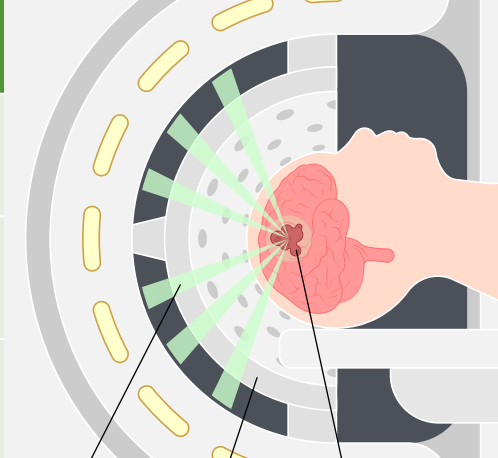
# Documentation and Coding: Neoplasm of the Meninges

March 2023

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 common types of **Neoplasm of the Meninges**. 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.

Most meningiomas grow very slowly, often over many years, without causing symptoms.

## ICD-10 Codes and Descriptions

Benign Neoplasm		Atypical Neoplasm Uncertain Behavior
D32.0 Cerebral Meninges		D42.0 Cerebral Meninges
D32.1 Spinal Meninges		D42.1 Spinal Meninges
D32.9 <sup>†</sup> Meninges, Unspecified		D42.9 <sup>†</sup> Meninges, Unspecified

(†) Use only in the event that no other code describes the condition.

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## Clinical Documentation Should Include

Status of Condition	Specific Site of Tumor	Treatment Plan
<ul style="list-style-type: none"> <li>■ Stable</li> <li>■ Improved</li> <li>■ Worsening</li> </ul>	<ul style="list-style-type: none"> <li>■ Cerebrum</li> <li>■ Spine</li> <li>■ Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>■ If under surveillance</li> <li>■ Loss of neurological function</li> <li>■ Seizures, hearing/vision loss</li> <li>■ Evidence of reoccurrence, if any</li> <li>■ Associated conditions/complications</li> <li>■ Related medications linked to definitive diagnosis</li> <li>■ Diagnostic tests ordered, MRIs, stereotactic radiosurgery, surgeries, i.e., craniotomy</li> </ul>

## Coding Tips

To identify a **benign neoplasm of the brain** and other parts, assign from category D33\*

- For details, view the Benign Brain Neoplasm tip sheet or search for [“benign brain neoplasm”](#) at [HFproviders.org](http://HFproviders.org).

To identify a **malignant neoplasm** of brain and other parts, assign from the categories:

- **C70\*** - Meninges
- **C71\*** - Brain
- **C72\*** - Spinal cord, cranial nerves, and other parts
- **C79.3\*** - Secondary malignant neoplasm of brain and cerebral meninges

### Other care-related codes:

- **Z15.89** - Genetic susceptibility to other disease
- **Z48.3** - Aftercare following surgery for neoplasm
- **Z86.011** - Personal history of benign neoplasm of the brain

Do not use “history of” if the condition is still active. In diagnosis, “history of” implies the condition has resolved or no longer exists.

Do not use words that imply uncertainty (e.g., likely, probable, apparently, consistent with, etc.) to describe a current or confirmed diagnosis in the outpatient setting.

\*Requires additional digit to complete the diagnosis code.

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## Example

<b>Case</b>	85 y/o lady here for follow-up. Was referred by ENT for dizziness. PMH: asthma, GERD; PSH: Cataract extraction, C-section; ROS: HEENT-positive for congestion and headaches, negative for hearing loss, all others negative. EXAM: head- normocephalic; neck - normal; pulmonary - normal; skin - normal; A/P: CT head: 12 mm in diameter right parafalcine mass, meningioma. No seizures, follow up with neurologist.
<b>Diagnosis reported</b>	D32.9 - Benign neoplasm of meninges, unspecified (Meningioma NOS)
<b>Rationale</b>	Documentation supports diagnosis reported. CT head 12 mm in diameter right parafalcine mass, meningioma.

Contact us at [#Risk\\_Adjustments\\_and\\_clinical\\_Documentation@healthfirst.org](mailto:#Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

For additional documentation and coding guidance, please visit the coding section at [HFproviders.org](http://HFproviders.org).

## References

- [mayoclinic.org](http://mayoclinic.org) (Meningioma)
- [ICD-10-CM Official Guidelines for Coding and Reporting, FY 2023](#)