

## Outpatient Facility Coding Alert

### ICD-10 Update: Capture The Cryptic Codes For Cancer Of The Cord, Cauda Equina And Cranial Nerves

#### Laterality rules for cranial nerve neoplasms, but not the spinal malignancies.

How strong are you when it comes to neuro-oncology coding? You now need to be very specific, because there are distinct codes for the spine's neurological structures. You will need to be able to differentiate between the codes based on the neoplasm's exact site. Here's a quick review of the must-know codes for malignant neoplasms in the spinal cord, cauda equina, and the cranial nerves.

#### Is It In the Cord Or The Meninges?

If your provider diagnoses malignant neoplasm in the spinal cord, go ahead with the ICD-10-CM code C72.0 (Malignant neoplasm of spinal cord). Seems simple and so far, so good.

**Spinal cord vs. spinal meninges:** Now, when it comes to coding for a meningeal neoplasm, remember that spinal cord and spinal meninges are not the same, although spinal meninges do cover the spinal cord. These are two distinct anatomical structures and you have a distinct code for malignant neoplasms arising in the spinal meninges, i.e., C70.1 (Malignant neoplasm of spinal meninges).

#### Know the Fine Line between Cauda Equina and Spinal Cord

Cauda equina is the terminal end of the spinal cord, and is a distinct anatomical structure. So, when your provider diagnoses a malignant neoplasm in the tuft of nerves at the terminal end of the spinal cord, you should code it as C72.1 (Malignant neoplasm of cauda equina).

**What is cauda equina?** Cauda equina is the bundle of spinal nerves and spinal nerve roots that originate in the tip of the spinal cord. This bundle consists of nerve pairs that originate from second lumbar level to fifth sacral level, and the coccygeal nerve. This bundle has both sensory and motor nerves and supplies the pelvic organs, perineum, and lower limbs.

"Malignant tumors of the spinal cord and cauda equina are typically glioblastoma and malignant ependymoma respectively. Metastatic neoplasms can also be rarely seen," says **Gregory Przybylski, MD**, director of neurosurgery, New Jersey Neuroscience Institute, JFK Medical Center, Edison. "Fortunately, most spinal cord neoplasms are benign, including astrocytoma and ependymoma."

#### Check Laterality For These 3 Cranial Nerves

CPT® has specific codes for neoplasms only in the cranial nerves I, II, and VIII – the olfactory, optic, and acoustic cranial nerves. The three code series for these cranial nerves are:

- C72.2 (Malignant neoplasm of olfactory nerve),
- C72.3 (Malignant neoplasm of optic nerve), and
- C72.4 (Malignant neoplasm of acoustic nerve).

**Find the fifth character:** For malignant neoplasms in the olfactory, optic, and acoustic cranial nerves, you should describe the fifth character depending upon the laterality of the neoplasm. In addition, you have specific codes, which you can submit when your physician does not specify the laterality of the neoplasm.

**Code for Other Cranial Nerves:** Your claims are not limited to olfactory, optic, and acoustic cranial nerves only. When your physician documents neoplasm in a cranial nerve other than these three nerves, you can use code C72.59 (Malignant neoplasm of other cranial nerves).

**Don't have a name or number for the cranial nerve?** When your physician does not document the name or number of the cranial nerve involved with the neoplasm, you submit CPT® code C72.50 (Malignant neoplasm of unspecified cranial nerve) as a last resort. However, query your provider to gather the information you need to report a more specific code. Now that it's 2017 and the ICD-10 grace period is over, you should steer clear of unspecified codes.