

Part IV Answers

Coding Collaborative Stage and Treatment

For these exercises, assume that if a treatment is not mentioned, it was not administered.

1. The patient was referred to a neurologist because of a right-side hearing loss and possible acoustic tumor. A CT scan on March 1, 2004, was used to diagnose right acoustic neuroma. On March 31, 2004, the patient had a craniotomy. A protrusion of tumor in the vestibule appeared to come from the cochlea. Facial nerve was spared. The tumor was totally resected, with clear margins.

CS Extension code

Use “Other parts of CNS” schema.

Code 05, Benign or borderline brain tumor

Surgical procedure of primary site

Use surgery codes for Brain.

Code 55, Gross total resection (All of the tumor was removed, with no evidence of tumor.)

Surgical margins of primary site

Code 0, No residual tumor

Scope of regional lymph node surgery

Code 9, Not applicable

Radiation treatment volume

Code 00, No radiation treatment

Regional treatment modality (radiation)

Code 00, No radiation treatment

Chemotherapy

Code 00, None

Hormone therapy

Code 00, None

Immunotherapy

Code 00, None

Hematologic transplant and endocrine procedures

Code 00, None

2. A 6-year-old boy had severe headaches and vomiting. An MRI on September 13, 2004, was used to diagnose medulloblastoma of the cerebellum. An infratentorial craniotomy was performed on September 28, 2004, and the tumor was removed. Macroscopic and microscopic residual medulloblastoma remained. On November 1, 2004, the patient began a course of carmustine. After completion of chemotherapy, the patient had a bone marrow transplant with donor marrow from his older brother.

CS Extension code

Use “Brain & Cerebral Meninges” schema.

Code 11, Infratentorial tumor, confined to cerebellum

Surgical procedure of primary site
Use surgery codes for Brain.
Code 40, partial resection (Tumor was removed, but visible and microscopic tumor remained.)

Surgical margins of primary site
Code 3, Macroscopic residual tumor (When both microscopic and macroscopic residual tumor remain, use the higher code.)

Scope of regional lymph node surgery
Code 9, Not applicable

Radiation treatment volume
Code 00, No radiation treatment

Regional treatment modality (radiation)
Code 00, No radiation treatment

Chemotherapy
Code 02, Single agent chemotherapy

Hormone therapy
Code 00, None

Immunotherapy
Code 00, None

Hematologic transplant and endocrine procedures
Code 12, Allogeneic bone marrow transplant (Patient's brother donated the bone marrow.)

3. Patient had CT scan of the head on February 24, 2004, showing a large prolactinoma of the pituitary gland. The patient started on bromocriptine to shrink the tumor in March 2004. The patient had gamma knife radiosurgery on October 1, 2004.

CS Extension code
Use "Thymus, Adrenal Gland and Other Endocrine Glands" schema.
Code 05, Benign or borderline tumors

Surgical procedure of primary site
Use Surgery codes for "All Other Sites."
Code 00, None (Gamma knife radiosurgery is radiation.)

Surgical margins of primary site
Code 8, No primary site surgery

Scope of regional lymph node surgery
Code 0, None (None instead of not applicable, because pituitary is not one of the sites listed in *FORDS* as "not applicable" for lymph node surgery.)

Radiation treatment volume
Code 02, Pituitary

Regional treatment modality (radiation)
Code 43, Gamma knife

Chemotherapy
Code 00, None

Hormone therapy
Code 00, None

Immunotherapy
Code 82, Immunotherapy as first course of therapy (Bromocriptine is a biologic response modifier or immunotherapy.)

Hematologic transplant and endocrine procedures
Code 00, None

4. The patient was referred to a neurologist after reporting symptoms of vomiting, muscle weakness on one side of the face, and several episodes of slurred speech. The patient had an MRI on June 3, 2004, that showed a glioma in the brain stem. Through an infratentorial craniotomy, the tumor was removed on June 30, 2004. The pathology report documented microscopic residual subependymal glioma in the fourth ventricle (9383/1). On August 1, 2004 the patient had conformal radiation to the fourth ventricle.

CS Extension code

**Use “Brain & Cerebral Meninges” schema.
Code 05, Benign**

Surgical procedure of primary site

**Use surgery codes for Brain.
Code 55, Gross total resection (When tumor is removed and only microscopic residual tumor remains, surgery is still considered total resection.)**

Surgical margins of primary site

Code 2, Microscopic residual tumor

Scope of regional lymph node surgery

Code 9, Not applicable

Radiation treatment volume

Code 04, Brain limited (The radiation was given to only part of the brain, fourth ventricle.)

Regional treatment modality (radiation)

Code 32, Conformal therapy

Chemotherapy

Code 00, None

Hormone therapy

Code 00, None

Immunotherapy

Code 00, None

Hematologic transplant and endocrine procedures

Code 00, None

5. The patient’s symptoms included headaches, double vision, vomiting, and drowsiness. A CT scan on November 1, 2004, showed a growth confined to the pineal gland. The patient had a biopsy of the pineal gland on November 15, 2004, and the tumor pathology was pineocytoma. The patient began beam radiation to the pineal gland on December 8, 2004.

CS Extension code

**Use “Thymus Gland and Other Endocrine Glands” schema.
Code 05, Benign and borderline tumors**

Surgical procedure of primary site

**Use surgery codes for All Other Sites.
Code 00, None, no surgery of primary site (This is not stated to be an “excisional biopsy” which would be coded “27.” Stereotactic biopsy of tumors of the pineal region has recently become popular, particularly for those patients who do not benefit from open surgery. Biopsy can also be performed endoscopically using a flexible ventriculoscope.)**

Surgical margins of primary site

Code 7, Margins not evaluable

Scope of regional lymph node surgery

Code 0, None (None instead of not applicable, because pituitary is not one of the sites listed in *FORDS* to use “not applicable” for lymph node surgery.)

Radiation treatment volume

Code 04, Brain limited

Regional treatment modality (radiation)

Code 20, External beam, NOS

Chemotherapy

Code 00, None

Hormone therapy

Code 00, None

Immunotherapy

Code 00, None

Hematologic transplant and endocrine
procedures

Code 00, None