oscar

CLINICAL DOCUMENTATION

AHA CODING CLINIC CORNER First Quarter 2023, pg 18 Third Quarter 2021, pg 4 Second Quarter 2019, pg 30 Fourth Quarter 2018, pg 87

Leukemia

Leukemia is a term for cancers of the blood cells. Malignant neoplasms of the hematopoietic tissues are considered primary neoplasms. The malignant cells circulate to other areas through blood systems. Hematopoietic refers to the stem cells that are located in the red blood marrow and are responsible for the formation of the blood and blood cells and include various types of leukemia.

ICD-10 CODES

| C91.0- | Acute lymphoblastic leukemia [ALL] | C93.Z- | Other monocytic leukemia |
|--------|--|---------|---|
| C91.1- | Chronic lymphocytic leukemia of B-cell type | C94.0- | Acute erythroid leukemia |
| C91.3- | Prolymphocytic leukemia of B-cell type | C94.2- | Acute megakaryoblastic leukemia |
| C91.4- | Hairy cell leukemia | C94.3- | Mast cell leukemia |
| C91.5- | Adult T-cell lymphoma/leukemia (HTLV-1-assoc.) | C94.4- | Acute panmyelosis with myelofibrosis |
| C91.6- | Prolymphocytic leukemia of T-cell type | C94.6 | Myelodysplastic disease, not elsewhere classified |
| C91.9- | Lymphoid leukemia, unspecified | C94.8- | Other specified leukemias |
| C91.A- | Mature B-cell leukemia Burkitt-type | C95.0- | Acute leukemia of unspecified cell type |
| C91.Z- | Other lymphoid leukemia | C95.1 - | Chronic leukemia of unspecified cell type |
| C92.0- | Acute myeloblastic leukemia | C95.9- | Leukemia, unspecified |
| C92.1- | Chronic myeloid leukemia, BCR/ABL-positive | C96.0 | Multifocal and multisystemic Langerhans-cell |
| C92.2- | Chronic myeloid leukemia, BCR/ABL-positive | | histiocytosis |
| C92.3- | Myeloid sarcoma | C96.2- | Malignant mast cell neoplasm |
| C92.4- | Acute promyelocytic leukemia | C96.4 | Sarcoma of dendritic cells (accessory cells) |
| C92.5- | Acute myelomonocytic leukemia | C96.5 | Multifocal and unisystemic Langerhans-cell histiocytosis |
| C92.6- | Acute myeloid leukemia with 11g23-abnormality | C96.6 | Unifocal Langerhans-cell histiocytosis |
| C92.9- | Myeloid leukemia, unspecified | C96.A | Histiocytic sarcoma |
| C92.A- | Acute myeloid leukemia with multilineage dysplasia | C96.Z | Other malignant neoplasm of lymphoid, hematpoietic and related tissue |
| C92.Z- | Other myeloid leukemia | Z85.6 | Personal history of leukemia |
| C93.0- | Acute monoblastic/monocytic leukemia | | · · · |
| C93.1- | Chronic myelomonocytic leukemia | | Final character: |
| C93.3- | Juvenile myelomonocytic leukemia | | 0 - not having achieved remission 1 - in remission |

DOCUMENTATION ACRONYMS

C93.9- Monocytic leukemia, unspecified

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support leukemia.

Diagnosis: Leukemia

Evidence: Lymphocytes elevated per labs; node biopsy positive for CLL

Evaluation: Chronic lymphocytic leukemia

Plan: CAR-T to start next week with oncology

Final Assessment Details

2 - in relapse

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:

Leukemia Diagnosis

- Leukemia Type
- · Location/structure effected

Status:

Not having achieved remission

· Receiving current treatment

In remission

<u>In relapse</u>

Receiving current treatment

Plan:

- · Chemotherapy/Radiation
- Bone marrow transplant
- Active Surveillance
- Symptom management
- Monitoring for relapse



CLINICAL DOCUMENTATION

BEST PRACTICES & TIPS

- Specificity is key! Always indicate the type of leukemia, and the specific location.
- DSP should be applied when documenting leukemia. **Status should be apparent** by using descriptive words to clarify the disease progression, such as newly identified, in remission, in relapse and not having achieved remission.
- Documentation should **always include DEEP elements** to show clinical evidence for leukemia, by incorporating tests, imaging, signs and symptoms and documenting any associated treatments with the corresponding final diagnosis.
- If leukemia is cured, documentation should be clear that it is now a **personal history** and not expected to recur.
- **Avoid** documenting leukemia in remission as a "history of" or "no evidence of disease (NED)" because this suggests a resolved or eradicated status.



0

For more resources go to:
HIOSCAR.COM/PROVIDERS/RESOURCES