

Lymphoma

Lymphoma is a type of cancer that starts in the lymphatic system, a network of tissues and organs that help fight infection. Malignant neoplasms of the lymphatic tissues are considered primary neoplasms. The malignant cells circulate to other areas through the lymphatic systems. Lymphoma is the most common blood cancer and occurs when the lymphocytes in the white blood cells that regulate the immune system multiply uncontrollably. Lymphomas are divided into two broad types: Hodgkin and non-Hodgkin lymphomas and each has a number of subtypes.

ICD-10 CODES

C81.0- Nodular lymphocyte predominant Hodgkin lymphoma
C81.1- Nodular sclerosis classical Hodgkin lymphoma
C81.2- Mixed cellularity classical Hodgkin lymphoma
C81.3- Lymphocyte depleted classical Hodgkin lymphoma
C81.4- Lymphocyte-rich classical Hodgkin lymphoma
C81.7- Classical Hodgkin lymphoma NOS
C81.9- Hodgkin lymphoma, unspecified
C82.0- Follicular lymphoma grade I
C82.1- Follicular lymphoma grade II
C82.2- Follicular lymphoma grade III
C82.3- Follicular lymphoma grade IIIa
C82.4- Follicular lymphoma grade IIIb
C82.5- Diffuse follicle center lymphoma
C82.6- Cutaneous follicle center lymphoma
C82.8- Other types of follicular lymphoma
C82.9- Follicular lymphoma, unspecified
C83.0- Small cell B-cell lymphoma
C83.1- Mantle cell lymphoma
C83.3- Diffuse large B-cell lymphoma
C83.5- Lymphoblastic (diffuse) lymphoma
C83.7- Burkitt lymphoma
C83.8- Other non-follicular lymphoma
C83.9- Non-follicular (diffuse) lymphoma, unspecified
C84.0- Mycosis fungoides
C84.1- Sezary disease
C84.4- Peripheral T-cell lymphoma, not elsewhere classified
C84.6- Anaplastic large cell lymphoma, ALK-positive
C84.7- Anaplastic large cell lymphoma, ALK-negative
C84.A- Cutaneous T-cell lymphoma, unspecified
C84.Z- Other mature T/NK-cell lymphomas
C84.9- Mature T/NK-cell lymphomas, unspecified
C85.1- Unspecified B-cell lymphoma
C85.2- Mediastinal (thymic) large B-cell lymphoma
C85.8- Other specified types of non-Hodgkin lymphoma
C85.9- Non-Hodgkin lymphoma, unspecified

5th character C81-C85 series

0 - unspecified site
1 - nodes of head, face and neck
2 - intrathoracic nodes
3 - intra-abdominal nodes
4 - nodes of axilla and upper limb
5 - lymph nodes of inguinal region and lower limb
6 - intrapelvic lymph nodes
7 - spleen
8 - lymph nodes of multiple sites
9 - extranodal and solid organ sites
A - in remission

C86.0- Extranodal NK/T-cell lymphoma, nasal type
C86.1- Hepatosplenic T-cell lymphoma
C86.2- Enteropathy-type (intestinal) T-cell lymphoma
C86.3- Subcutaneous panniculitis-like T-cell lymphoma
C86.4- Blastic NK-cell lymphoma
C85.5- Angioimmunoblastic T-cell lymphoma
C86.6- Primary cutaneous CD30-positive T-cell proliferations
C88.0- Waldenström macroglobulinemia
C88.2- Heavy chain disease
C88.3- Immunoproliferative small intestinal disease
C88.4- Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8- Other malignant immunoproliferative diseases
C88.9 Malignant immunoproliferative disease, unspecified
Z85.71 Personal history of Hodgkin lymphoma

5th character C86 and C88 series :

0 - not having achieved remission
1 - in remission

DOCUMENTATION ACRONYM

Final Assessment Details

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

Diagnosis:

Lymphoma Diagnosis

- Lymphoma Type
- Location effected

Status:

Active

- Receiving current treatment

In remission

Plan:

- Chemotherapy/Radiation
- Immunotherapy
- Referrals
- Active Surveillance
- Symptom management
- Monitoring for recurrence

BEST PRACTICES & TIPS

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



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

