ICD-10-CM Documentation and Coding Best Practices Lymphoma

Overview

Lymphoma is a cancer that begins in lymphocytes, the infection-fighting cells of the immune system. Lymphocytes develop in the bone marrow. Once developed, they can be found throughout the body – in the lymph nodes, lymph vessels, spleen, thymus, tonsils, and bone marrow. With lymphoma, lymphocytes change and grow out of control. As these cells are found throughout the body, lymphoma can begin almost anywhere.

Hodgkin Lymphoma

- Cancer of the blood and bone marrow that affects lymphatic system
- Lymphoma cells grow and form masses, usually in the lymph nodes
- Presence of Reed-Sternberg cell
- Rare; accounting for .5% of all new cancers diagnosed
- 6 varieties of Hodgkin lymphoma

Non-Hodgkin Lymphoma

- Affects the lymphatic system; in some cases NHL involves bone marrow and blood
- Different subtypes which may grow slowly or rapidly
- Starts with an abnormal change in a white cell in a lymph node (lymphocyte); the abnormal lymphocytes accumulate and form masses
- 61 types and subtypes of non-Hodgkin lymphoma

Treatment

- **Surveillance/Watchful Waiting** – If the lymphoma appears to be slow growing (indolent), a wait-and-see approach may be an option. Indolent lymphomas that do not cause signs and symptoms may not require treatment for years. Providers will likely schedule checkups every few months to monitor the condition.
- **Chemotherapy**
- **Radiation therapy**
- **Stem cell transplant**
- **Biological therapy** – These are drugs that help the body's immune system fight cancer. One biological therapy called rituximab (Rituxan) attaches to B-lymphocytes to make them more visible to the immune system, which can then attack.
- **Radioimmunotherapy** – These medications carry radioactive isotopes and deliver radiation directly to cancer cells. One radioimmunotherapy drug – ibritumomab tiuxetan (Zevalin) – is used to treat lymphoma.

Coding and Documentation Guidance

Lymphomas are classified to ICD-10-CM diagnosis code categories C81–C88 and requires more specificity with documentation.

- Type of lymphoma (Hodgkin, Non-Hodgkin, Follicular, Non-follicular, Mantle Cell)
- Location (node or organ)
- Status of disease
  - Active treatment
  - In Remission
  - No clinical evidence

Lymphoma does not follow the typical excision procedures often used to remove solid tumors. Therefore, documentation must state if the condition is currently ongoing (active treatment), in remission, or historically resolved.

Active Lymphoma – In an effort to code only active lymphoma (not a history), look for the following:

- *Active Treatment* – If the patient is currently receiving treatment (e.g., watchful waiting, chemotherapy, radiation therapy, stem cell transplant, biological therapy, radioimmunotherapy), code as active lymphoma.
- *Patient Choice* – A patient who is diagnosed with cancer and has been counseled in regards to his or her diagnosis may choose not to have treatment. This may be coded as active cancer.
- *Newly diagnosed* – A patient who has been newly diagnosed may not have a treatment plan developed yet. This may be coded as active lymphoma.
- *'In Remission'* – Patients who are in remission are still considered to have lymphoma and should be assigned the appropriate code from categories C81–C88. *(Lymphoma – Guidelines, Coding Clinic, Second Quarter 1992, Page: 3)*

Personal History – When patients' are not receiving any treatment for the disease and there is not clinical evidence of disease:

- If the disease is completely cured and documented as "history of", a code from category Z85 might be appropriate.
- Note that lymphoma does not follow the typical excision procedures used to remove solid tumor

Involvement of multiple sites

Lymphomas are systemic diseases that do not metastasize in the same way that solid tumors do. No matter how many sites are involved, a lymphoma is not considered metastatic and should be coded to categories C81–C88. A fifth digit of "8" may be used to indicate involvement of multiple lymph nodes. "9" may be used to indicate extranodal and solid organ sites.

Lymphomas vs. metastatic cancer to the lymph nodes – Documentation must be clear. You must be able to differentiate between lymphomas and solid tumors that metastasize to the lymph nodes. Lymphomas originate in the lymphatic system. For example, a cancer that started in the breast and has metastasized to the axillary lymph nodes is not a lymphoma.

Proper documentation of lymphoma is important and necessary for correct code assignment. Thorough and accurate documentation is evidence that appropriate care was provided and that it was medically necessary. Clinical documentation should always support the ICD-10-CM code.

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