

Insider

Informative and educational coding information for providers

Focus on: HEMATOLOGIC DISORDERS



Facts about leukemia

Leukemia is a cancer of the white blood cells. It is the most common type of blood cancer and affects 10 times as many adults as children. Most people diagnosed with leukemia are over 50 years old. Chronic lymphocytic leukemia, chronic myeloid

leukemia, and acute myeloid leukemia are diagnosed more often in older adults.¹

Facts about lymphoma

Lymphoma is more common in later life. In fact, more than two-thirds of people diagnosed with non-Hodgkin lymphoma are aged 60 or over. In terms of Hodgkin's lymphoma, 15-30% of all cases occur in patients aged 60 years and older and portends a poorer prognosis than when diagnosed in younger individuals.²

Facts about thrombocytopenia

Although thrombocytopenia can be defined as a platelet count below 150,000 platelets per microliter, thrombocytopenia rarely causes problems until the count is below 50,000. Thrombocytopenia often occurs because of an underlying problem such as an immune disorder, malignancy, or side effect of certain medications.³

Facts about anemia

Anemia is common in the elderly and its prevalence increases with age. The prevalence of anemia in the elderly has been found to range from 8 to 44 percent, with the highest prevalence in men 85 years and older. Although many postulate that lower hemoglobin levels are a normal consequence of aging, there are at least two reasons for considering anemia in the elderly as a sign of disease. Firstly, most older people maintain a normal red cell count, hemoglobin and hematocrit. Secondly, in most elderly patients, an underlying cause of anemia is found for hemoglobin levels of less than 12 g/dL.⁴

The most common cause of anemia in the elderly include: anemia of chronic disease (30-45%), iron deficiency (15-30%), post-hemorrhagic (5-10%), vitamin B₁₂ or folate deficiency (5-10%), chronic leukemia or lymphoma (5%), and myelodysplastic disorders (5%).⁵

Always remember ...

- Document the status of leukemia as: acute, chronic or sub-acute
 - In remission, relapse or failed remission
- Document the type and specific site(s) of affected lymph nodes in lymphoma

Documentation and coding tips

ICD-9-CM: Coding leukemia⁶

- 204.xx** Lymphoid leukemia
- 205.xx** Myeloid leukemia
- 206.xx** Monocytic leukemia
- 207.xx** Other specified leukemia
- 208.xx** Leukemia of unspecified cell type

ICD-10-CM: Coding leukemia⁷

- C91.-** Lymphoid leukemia
- C92.-** Myeloid leukemia
- C93.-** Monocytic leukemia
- C94.-** Other leukemias of specified cell type
- C95.-** Leukemia of unspecified cell type

ICD-9-CM: Coding lymphoma⁶

- 200.xx** Lymphosarcoma and reticulosarcoma and other specified malignant tumors of lymphatic tissue
- 201.xx** Hodgkin's disease
- 202.xx** Other malignant neoplasms of lymphoid and histiocytic tissue

ICD-10-CM: Coding lymphoma⁷

- C81.-** Hodgkin lymphoma
- C82.-** Follicular lymphoma
- C83.-** Non-follicular lymphoma
- C84.-** T-cell and large cell lymphoma
- C85.-** Non-Hodgkin lymphoma
- C86.-** T-cell lymphoma

ICD-9-CM: Coding thrombocytopenia⁶

- 287.3x** Primary thrombocytopenia
- 287.4x** Secondary thrombocytopenia
- 287.5** Thrombocytopenia, unspecified
- 287.8** Other specified hemorrhagic conditions
- 287.9** Unspecified hemorrhagic conditions

ICD-10-CM: Coding thrombocytopenia⁷

- D69.41** Evans syndrome
- D69.42** Congenital and hereditary thrombocytopenia purpura
- D69.49** Other primary thrombocytopenia
- D69.6** Thrombocytopenia, unspecified
- D69.8** Other specified hemorrhagic conditions
- D69.9** Hemorrhagic condition, unspecified
- D75.82** Heparin-induced thrombocytopenia

This guidance is to be used for easy reference; however, the ICD-9-CM and ICD-10-CM code books and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 6, 2015, CMS announced the CMS-HCC Risk Adjustment model for payment year 2016 driven by 2015 dates of service. For more information see: <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2016.pdf>, <http://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2016.pdf>, and <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/index.html>. Optum™ and its respective marks are trademarks of Optum, Inc. This document is proprietary and confidential; rebranding, public posting, digital downloading is not permitted without the express consent of Optum. All other brand or product names may be registered marks of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer. ©2015 Optum, Inc. All rights reserved. ICD-9-CM codes valid 10/01/12 to 9/30/15.

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Per the ICD-10-CM Official Guidelines for Coding and Reporting 2015 from the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS): "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required."

1. "What Is Leukemia?" NIH Senior Health. N.p., Feb. 2013. Web. 13 July 2015. <<http://3A%2F%2Fnihseniorhealth.gov%2Fleukemia%2Fwhatisleukemia%2F01.html>>
 2. Engert A, Ballova V, Haverkamp H, Pfisterer B, et al. Hodgkin's Lymphoma in Elderly Patients: A Comprehensive Retrospective Analysis from the German Hodgkin's Study Group. *J Clin Oncol* 2005; 23: 5052-5060.
 3. Braun MM. Thrombocytopenia. *Am Fam Physician* 2012; 15: 612-22.
 4. Joosten E, Pelemans W, Hiele M, Noyen J, Verhaeghe R, Boogaerts MA. Prevalence and causes of anaemia in a geriatric hospitalized population. *Gerontology*. 1992;38:111-7.
 5. Smith DL. Anemia in the Elderly. *Am Fam Physician*. 2000 Oct 1;62(7):1565-1572.
 6. *Optum ICD-9-CM for Physicians Professional 2015*. Vols. 1&2. Salt Lake City: 2014
 7. *Optum ICD-10-CM: The Complete Official Draft Set 2015*. Salt Lake City: 2014