Oncology
Best Practice Documentation

Click on the desired Diagnoses link or press Enter to view all information.

Diagnoses:

- Solid Tumors
- Lymphomas
- Leukemias
- Myelodysplastic Syndrome
- Pathology Findings
- Associated Diagnoses

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Solid Tumors

- Behavior
  - Benign
  - Malignant
    - Metastatic sites should be documented separately to the highest degree of specificity
  - Uncertain behavior
  - Unspecified Nature
  - In Situ
- Location
  - Affected organ (specify exact anatomical location within the organ)
  - Laterality (if applicable)
  - Overlapping lesions (specify the organs)

Hodgkin's and Non-Hodgkin's Lymphoma

Best practice documentation requires the specified type of lymphoma as well as the anatomical location

- Hodgkin
  - Nodular lymphocyte predominant
  - Nodular sclerosis classical
  - Mixed cellularity classical
  - Lymphocyte-depleted classical
  - Lymphocyte- rich classical
  - Other classical
- Non-Hodgkin (specify type) Follicular
  - Non-follicular
  - Mature T/NK-cell lymphoma
  - Other and unspecified types of non-Hodgkin lymphoma
  - Other specified types of T/NK lymphoma
- Specified Lymph Nodes Involved

Hodgkin's and Non-Hodgkin's Lymphoma

Best practice documentation requires the specified type of lymphoma as well as the anatomical location

- Specify specific lymph nodes:
  - Head, face & neck
  - Intrathoracic
  - Intra-abdominal
  - Axilla & upper limb
  - Inguinal region and lower limb
  - Intrapelvic
  - Spleen
  - Multiple sites (specify)
  - Extranodal & solid organ sites (specify)

Follicular and Non-Follicular Lymphomas

Follicular Lymphomas

- Type:
  - Grade I
  - Grade II
  - Grade III
  - Grade IIIa
  - Grade IIIb
  - Diffuse follicle center
  - Cutaneous follicle center
  - Other (specify)

Non-Follicular Lymphomas

- Type:
  - Small cell B-cell
  - Mantle cell
  - Diffuse large B-cell
  - Lymphoblastic (diffuse)
  - Burkitt
  - Other (specify)
  - Non-follicular (diffuse), unspecified

T/NK Cell Lymphomas

Mature T/NK Cell Lymphomas

Type:

- Mycosis fungoides
- Sézary disease
- Peripheral T-cell ,not classified
  - Includes: Lennert's lymphoma
  - Mature T-cell ,not elsewhere classified
- Anaplastic large cell lymphoma, ALK- positive
  - Includes: Anaplastic large cell, CD30-positive
- Anaplastic large cell lymphoma, ALK- negative
- Cutaneous T-cell lymphoma
- Other (specify)

Other specified types

Type:

- Extranodal
- Hepatosplenic T-cell
- Enteropathy- type (intestinal) T-cell
- Subcutaneous panniculitis-like T-cell
- Blastic NK-cell
- Angioimmunoblastic T-cell
- Primary cutaneous CD30-positive T-cell proliferations

Malignant Immunoproliferative Diseases and other B-cell Lymphomas

Type:

- Waldenstrom macroglobulinemia Mac
- Heavy chain disease
  - Franklin disease
  - Gamma heavy chain disease
  - Mu heavy chain disease
- Immunoproliferative small intestinal disease (C88.3)
  - Alpha heavy chain disease
  - Mediterranean lymphoma
- Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT-lymphoma)
  - SALT lymphoma
  - BALT-lymphoma

Lymphomas
Documentation Example

Insufficient Documentation

- Patient with metastatic colon CA, admitted for inpatient chemotherapy treatment.

Best Practice Documentation

- Patient with **malignant metastatic colon CA stage IV of transverse colon, with known liver mets**, admitted for inpatient chemotherapy treatment. **No history of tobacco use.**

Leukemias

- Different leukemias (specificity to follow)
  - Lymphoid
  - Myeloid
  - Monocytic
- Specify status:
  - Not having achieved remission
  - In remission
  - In relapse

Lymphoid Leukemias

- Type
  - Acute Lymphoblastic (ALL)
  - Prolymphocytic of B-cell type
  - Hairy cell
  - Adult T-cell lymphoma/leukemia (HTLV-1-associated)
  - Prolymphocytic of T-cell type
  - Mature B-cell Burkitt-type
  - Chronic lymphocytic leukemia of B-cell type
  - Other (specify)
- Remission Status
  - Not having achieved remission
  - In remission
  - In relapse

Myeloid and Monocytic Leukemias

Myeloid Leukemia

- Type:
  - Acute myeloblastic
  - Chronic, BCR/ABL-positive
  - Atypical chronic, BCR/ABL-negative
  - Myeloid sarcoma
  - Acute promyelocytic
  - Acute myelomonocytic
  - Acute myeloid with 11q23-abnormality
  - Acute myeloid with multilineage dysplasia
  - Other (specify)
- Status:
  - Not having achieved remission
  - In remission
  - In relapse

Monocytic Leukemia

- Type
  - Acute monoblastic/monocytic
    - AML M5
    - AML M5a
    - AML M5b
  - Chronic
    - Chronic monocytic leukemia
    - CMML-1
    - CMML-2
    - CMML with eosinophilia
  - Juvenile
  - Other (specify)
- Status:
  - Not having achieved remission
  - In remission
  - In relapse

Leukemia Documentation Example

Insufficient Documentation

- Patient with history of AML, admitted with change in mental status. Work up pending.

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- Patient with history of AML, **in remission,** admitted with change in mental status. Work up pending.

Myelodysplastic Syndromes

Specify:

- Refractory anemia:
  - Without ring sideroblasts
  - With ring sideroblasts
  - With excess of blasts:
    - Blasts 1 (RAEB 1)
    - Blasts 2 (RAEB 2)
    - Unspecified (RAEB NOS)
- Refractory cytopenia
  - with multilineage dysplasia
  - with multilineage dysplasia and ring sideroblasts
- Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality

Myelodysplastic Syndromes Documentation Example

Insufficient Documentation

- Patient with myelodysplastic syndrome admitted with SOB, generalized weakness & cytopenias. Consult hematology/ oncology.

Best Practice Documentation

- Patient with **myelodysplastic syndrome with excess of blast type 1**, admitted with SOB, generalized weakness & **pancytopenia due to MDS.** Consult hematology/ oncology.

Pathology Findings

- Pathology known prior to surgery should be documented and reinforced in the operative report and progress notes.
- Suspected, possible, or likely pathology should be documented based on clinical judgment whenever possible.
- Pathology findings should be documented in a progress note, consult, or discharge summary as soon as reviewed or made available.
- When pathology results are available after discharge it is appropriate and compliant to document them in the acute care legal medical record.

Associated Diagnoses

Best practice documentation requires you to document any associated diagnoses and document what the underlying cause is "due to":

- Anemia, Neutropenia, Thrombocytopenia, Pancytopenia, due to:
  - Chemotherapy
  - Radiation
  - Malignancy
  - Other specified cause
- Ascites (specify if malignant)
- Thrush
- Cachexia
- Dysphagia
- Electrolyte imbalances (specify)
- Malnutrition (mild, moderate, severe)
- Mucositis, due to:
  - Drug –induced (specify drug)
  - Radiation
  - Antineoplastic therapy

CHRISTIANA CARE HEALTH SYSTEM

Key Documentation Concepts

- Identify the specific site of the neoplasm (e.g., tail of pancreas)
- Include laterality of site if applicable
- Specify the morphology of the neoplasm as malignant, benign, in situ or uncertain behavior
- Specify the cell type of the neoplasm (e.g. basal cell, B-cell)
- Specify the documented sites as primary or as a metastatic site
- When appropriate specify status: not having achieved remission, in remission or in relapse
- Clearly document the reason for the encounter as either a complication of the disease process (e.g., neutropenic fever) or as an adverse effect of treatment (e.g., pancytopenia due to chemo)

Take the Extra Step!

Document:

- ALL chronic conditions – present and stable but managed.
- Significance of abnormal tests (i.e.: UTI, electrolytes, echo)
- Clarify whether diagnoses are ruled in or ruled out
- Establish cause-and-effect relationships (liking DM to manifestations)
- Laterality, if applicable
- Explain the "why" and " because" to support medical necessity
- Any tobacco use, abuse, dependence, history of smoke exposure (e.g., second hand, occupational, etc.)