AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Non-Hodgkin's Lymphoma

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: **Non-Hodgkin lymphoma** (NHL) is not a single disease but a heterogeneous group of more than **60** distinct lymphoid malignancies arising from **B-cell**, **T-cell**, or **NK-cell lymphocytes**, classified by the 2022 WHO/ICC framework into **indolent** and **aggressive** subtypes with widely divergent natural histories, treatment algorithms, and prognoses.[1,2] The most clinically important distinction for primary care is **indolent versus aggressive**: a patient with low-burden **follicular lymphoma** on active surveillance and a patient with **diffuse large B-cell lymphoma** (DLBCL) receiving curative-intent chemoimmunotherapy are not experiencing variations of one disease.[2,3] 'Indolent' **does not mean benign**: follicular lymphoma can undergo **histologic transformation** to DLBCL, a life-threatening event requiring urgent re-biopsy, code update, and treatment escalation; conversely, aggressive DLBCL is **potentially curable** with first-line therapy.[1,3]

ICD-10 Codes:

NHL is reported across the **C82-C88** range, with three mandatory axes of specificity: histologic subtype, anatomic site (5th character), and disease status (active vs. **in remission**, suffix '**A**').[4] Follicular lymphoma is **C82.-** (grade I-IIIb plus site); small-cell B-cell lymphoma is **C83.0-**; mantle cell lymphoma is **C83.1-**; DLBCL is **C83.3-** (primary CNS lymphoma **C83.390**); mycosis fungoides is **C84.0-**, Sezary disease **C84.1-**, and peripheral T-cell lymphoma not otherwise specified (PTCL-NOS) **C84.4-**; extranodal marginal zone (MALT) lymphoma is **C88.4-**.[4] **C85.90** (NHL, unspecified, unspecified site) is a temporary placeholder for **pending pathology only** and must be updated to the confirmed subtype-and-site code.[4] Use **Z85.72** (personal history of NHL) only **after treatment is complete with no active surveillance**.[4]

Prevalence and Burden: The American Cancer Society estimates approximately **79,320** new NHL cases and **19,970** NHL-related deaths in the United States in 2026, with an overall 5-year relative survival near **74%** (ranging from **~88%** for **stage I** to **~64%** for **stage IV**).[5] NHL is strongly age-predisposed: more than **half** of all diagnoses occur in adults aged **65 or older**, the median age at DLBCL diagnosis is the **mid-60s** with roughly **30%** of patients older than **75**, and age-adjusted NHL incidence in adults aged 75–84 reaches approximately **110.9 per 100,000** versus **~19 per 100,000** in the overall population.[3,5,6] The **Global Burden of Disease 2021 analysis** estimated about **306,296** new cases and **158,813** deaths among adults ≥65 worldwide, a burden that is rising.[7,8] This makes NHL one of the **most clinically significant cancers older adults**.[7]