AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Hodgkin's Lymphoma

Quick Reference Guide

2026

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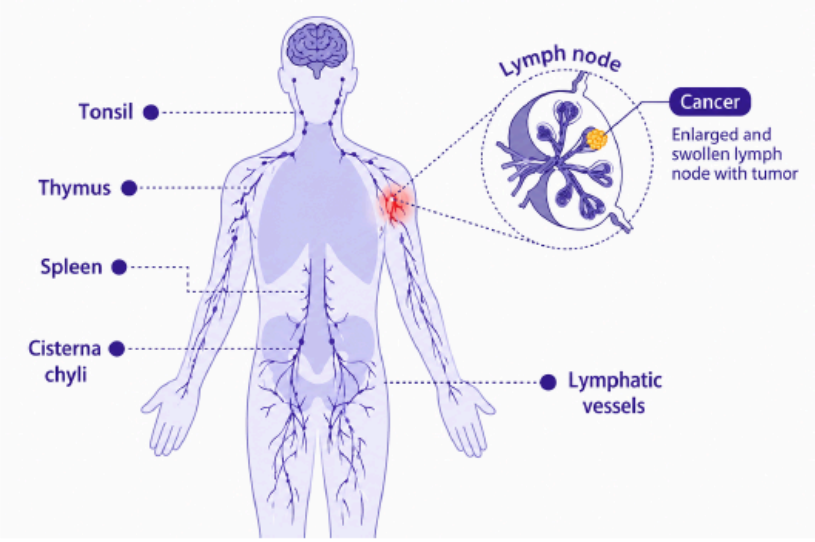
1 CLINICAL SNAPSHOT

Definition: **Hodgkin lymphoma** (**HL**) is a B-cell lymphoid malignancy defined histologically by **scattered malignant Reed-Sternberg cells** (large binucleated cells with 'owl-eye' nucleoli) within a reactive inflammatory background.[1–3] Two biologically and therapeutically distinct HL subtypes include **classical HL (cHL)** (**>90%**[1] of cases) and **nodular lymphocyte-predominant HL (NLPHL)**, an indolent CD20-positive form managed differently.[1,2] Classical HL is further divided into **nodular sclerosis** (**NSHL**, **~70%** of cHL, more common in younger adults), **mixed cellularity** (MCHL, **~20-25%**, the subtype more common in older and HIV-positive patients and frequently EBV-positive), **lymphocyte-rich**, and **lymphocyte-depleted** subtypes.[1–3] The subtype axis carries real clinical weight and **is not interchangeable**: NLPHL and cHL differ in immunophenotype, treatment, and prognosis.[2,3]

ICD-10 Codes:

HL is reported under category **C81**, which requires **three documentation axes** for full specificity:[4,5] (**1**) histologic subtype (4th character), (**2**) anatomic site (5th character), and (**3**) disease status, active vs. in remission. Subtype codes are **C81.0x** (nodular lymphocyte predominant), **C81.1x** (nodular sclerosis), **C81.2x** (mixed cellularity), **C81.3x** (lymphocyte depleted), **C81.4x** (lymphocyte-rich), **C81.7x** (other), and **C81.9x** (unspecified, use only when subtype is genuinely unknown after pathology review).[4,5] The **5th character** specifies site (e.g., .x1 head/face/neck, .x2 intrathoracic, .x8 multiple sites, .x9 extranodal/solid organ), and the **A suffix** (e.g., **C81.1A**) denotes oncologist-documented remission.[4,5] **Z85.71** (personal history of Hodgkin lymphoma) carries no HCC value and should be used only when oncology has **definitively closed active surveillance**. Common co-managed conditions are **coded separately**: **I25.10** (atherosclerotic heart disease), **I50.-** (heart failure), **J44.-** (COPD), **J84.-** (interstitial lung disease), **E11.42/G63** (diabetic/other neuropathy), **N18.-** (CKD stage), and R-codes for frailty components (**R54** debility, **R26.-** gait abnormality, **R63.4** weight loss).[4,5]

Lymphomas are cancers of the lymph nodes



Prevalence and Burden: HL is uncommon, with the American Cancer Society estimating approximately **8,920** new US cases and roughly **900 deaths** in 2026.[6] Its hallmark is a **bimodal age distribution**, with incidence peaks at ages **20-30** and again at **50-70** years.[2,3] This second peak is the clinically underappreciated, **Medicare-relevant population**: older adults account for