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CLINICAL DOCUMENTATION

Hypercoagulable State

Hypercoagulable state, also known as thrombophilia, is a medical condition characterized by an increased tendency for the blood to form clots. This can lead to an increased risk of developing blood clots in veins and arteries, potentially causing serious health complications such as deep vein thrombosis, pulmonary embolism, or stroke. Patients are considered to have a hypercoagulable state if they have laboratory abnormalities or clinical factors that are associated with increased risk of thrombosis.

ICD-10 CODES

Primary:

D68.51 Activated protein C resistance

D68.52 Prothrombin gene mutation

D68.59 Other primary thrombophilia

Secondary:

D68.61 Antiphospholipid syndrome

D68.62 Lupus anticoagulant syndrome

D68.69 Other thrombophilia

D68.8 Other specified coagulation defects

D68.9 Coagulation defect, unspecified

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support hypercoagulable state.

Diagnosis: Hypercoaguable state

Evidence: Prothrombin G20210A positive

Evaluation: Primary coagulopathy, prothrombin gene mutation

Plan: Continue Eliquis, monitor for symptoms of DVT/PE

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis

Thrombophilia

- Primary
- Secondary

Status

Active

- Confirmed hereditary abnormality
- Secondary cause ongoing

Historical

- Secondary cause inactive

Plan

- Hypercoagulable state management
  - Pharmacologic
  - Other monitoring
  - Referral

THROMBOPHILIA CLASSIFICATIONS

Primary Hypercoagulable State

Hereditary abnormalities

- Elevated clotting Factor VIII
- Deficiencies in antithrombin, Protein C and Protein S
- Gene mutations: Factor V Leiden, prothrombin, etc.

Secondary Hypercoagulable State

Acquired Abnormalities

- Some Autoimmune disorders: Antiphospholipid syndrome and lupus anticoagulant disorder, etc.
- Local venous stasis from immobilization due to surgery, major trauma, hospitalization, etc.
- Adverse effects of drugs: steroids, oral contraceptives, antidepressants, Tamoxifen, testosterone, etc.
- Clinical conditions: pregnancy, malignancy, liver disease, atrial fibrillation, ESRD, nephrotic syndrome, previous thromboembolisms, etc.

BEST PRACTICES & TIPS

- Ensure all **DSP elements are present** including type and cause of coagulopathy.
- Documentation must contain a **clear diagnostic** statement to support coagulopathy as a unique, clinically significant condition and not simply an increased risk factor because of a current condition.
- For **Primary** hypercoagulopathy, always include: The inherited disease causing the defect, along with the status and plan.
- For **Secondary** hypercoagulable state, always provide a link to the cause through the documentation, and include associated details and treatment.
- Secondary thrombophilia requires documentation as a **formal diagnosis** and not cannot be assumed from a circumstance. (E.g. increased thrombophilia risk from pregnancy.)
- If the cause of a secondary thrombophilia is eradicated or documented as not active, the thrombophilia status **must be** confirmed through the documentation. If still present, but due to another cause, this additional cause must be documented as the current precipitating factor.

For more resources go to:
HIOSCAR.COM/PROVIDERS/RESOURCES