Home Health ICD-9/ICD-10 Alert

Reader Questions: Know the Facts on Hypercoagulable States

Question: We recently discovered an ICD-9 diagnosis code that we are hoping is appropriate for a fair amount of the cases that we see coming through our agency. This code, 289.82 (Secondary hypercoagulable state), generally would not be a primary diagnosis but used as a secondary to support V58.83 (Encounter for therapeutic drug monitoring) and V58.61 (Long-term [current] use of anticoagulants). We use these V codes during aftercare following surgery for joint replacements, fracture repairs, and so on.

As I understand the terminology of hypercoagulable state, it indicates a tendency to the occurrence of thrombus/clotting. The patient would be receiving anticoagulants to prevent blood clots following surgery and we would be drawing blood for pro-times/INR levels. Does this fall into the description of a secondary hypercoagulable state?

Answer: You're right that a hypercoagulable state indicates that a patient's blood tends to clot too much. Hypercoagulable states can be inherited (289.81 " Primary hypercoagulable state) or acquired (289.82).

Lupus, malignancies, myleoproliferative disorders, pregnancy,inflammatory bowel disease, and certain drug side-effects can all cause secondary hypercoagulable states.

However, simply taking a drug that can cause increased clotting tendency doesn't automatically mean a patient has a secondary hypercoagulable state. To be diagnosed with a hypercoagulable state, first a patient must have a clot. Then the physician will probe the patient's history for risk factors including thrombosis at a young age, recurrent thrombosis, family history of thrombosis, and thrombosis in unusual sites.

If the physician concludes that there is a possibility of a hypercoagulable state, he'll order lab tests to confirm his suspicions. A patient who is taking anticoagulants as a prophylactic measure after joint replacement surgery or for atrial fibrillation does not have a hypercoagulable state.

Don't sell yourself short: Are you listing V58.83 and V58.61 as principle diagnosis codes? If so, you may be undercoding for the care you provide. When providing aftercare for surgery and joint replacements,you're doing much more than monitoring medications.

An aftercare V code from the V58.7x (Aftercare following surgery to specified body systems, not elsewhere classified) or V54.x (Other orthopedic aftercare) or the condition itself, such as A. fib, better represents the work your agency is doing and can be followed by the medication monitoring codes to provide greater detail.