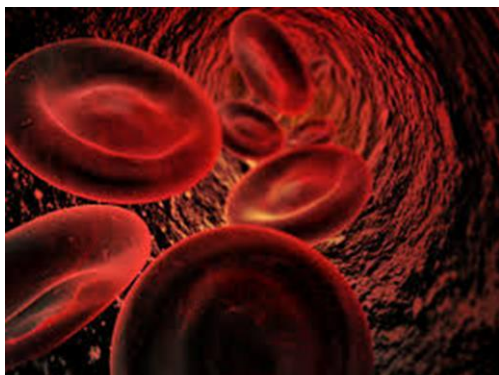


Molina Healthcare Coding Education

Secondary Hypercoagulable State – When should I diagnose?



Thrombophilia is also known as a hypercoagulable state. Most thrombophilias are genetic. There are also risk factors for blood clots that are not genetic, such as when patients take oral contraceptives, are immobilized due to recent surgery, or have cancer.

Alteration of circulating blood constituents is needed for the diagnosis of thrombophilia/hypercoagulable state.

Question: My patient is on Coumadin for a prosthetic valve or a filter. Can I code hypercoagulable state?

Answer: No. Prosthetic valves and filters increase risk of clots locally as a result of mechanical factors, not due to blood constituents.

Documentation Examples:

- **Assessment:** Chronic A-fib with secondary hypercoagulable state on Coumadin. Check INR in 2 days. No CP/SOB.

➤ **HCC/ICD-9 Codes:**

289.82 Secondary hypercoagulable state
427.31 A-fib

➤ **ICD-10 Codes:**

D68.69 Other thrombophilia
I48.2 Chronic A-fib

Plan: Check INR in 2 days.

OR

- **Assessment:** Mechanical mitral valve replacement on Coumadin.

➤ **ICD-9 Code:**

V43.3 Heart Valve replaced by other means

➤ **ICD-10 Code:**

Z95.2 Presence of prosthetic heart valve

➤ **ICD-9 Code:**

V58.61 Long-term (current) use of anticoagulants

➤ **ICD-10 Code:**

Z79.01 Long term (current) use of anticoagulants

Plan: Check INR in 2 days.

Have Questions?

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