



Coding for Postpartum Coagulopathies

APPLY CAUTION TO ENSURE ACCURATE CODE ASSIGNMENT

by Deanna L. Klure, RHIT, CDIP, CCS

Coagulopathy, also known as a bleeding disorder, is a clinically low platelet count where the patient's blood has lost the ability to clot, or in other words coagulate. Types of coagulopathy include thrombocytopenia, disseminated intravascular coagulation and hereditary coagulopathies, such as Hemophilia A, B, C or Von Willebrand disease.

Gestational Thrombocytopenia

Gestational thrombocytopenia (ICD-10-CM O99.1-) or incidental thrombocytopenia of pregnancy (IDP), is an asymptomatic condition where the patient has a low platelet count. Often the thrombocytopenia resolves spontaneously after delivery. The complete blood count lab results upon admission identifies the low platelets. However, providers may get the test results after delivery. Coding professionals should use caution when applying the Present on Admission indicator "No," because the lab results could be delayed, and it is likely the Present on Admission indicator "Yes" should be applied.

Disseminated Intravascular Coagulation

Disseminated intravascular coagulation (DIC) (ICD-10-CM O46.02-, O67.0, O72.3) is vastly different from gestational thrombocytopenia. DIC is a life-threatening condition associated with excessive hemorrhage. Identification of and treatments for DIC include reviewing abnormal fibrinogen degradation products, labs, transfusions, and monitoring the PTT/INR and IV fluids. DIC is always a secondary condition. The provider will need to immediately treat the primary condition that caused the massive hemorrhage. Morbidity and mortality rates are based on the primary cause of DIC.

Accurate Coding Practices

Coding professionals must know the differences between postpartum thrombocytopenia and postpartum DIC to code these conditions accurately. Thrombocytopenia and blood loss anemia do not equate to DIC; these are vastly different conditions and applying caution when coding these conditions is essential to accurate code assignment.

The alphabetical index can be misleading, for example:

- In the alphabetical index look up: Defibrination, postpartum = O72.3.
- In the alphabetical index look up: Thrombocytopenia, puerperal, postpartum = O72.3

If the record does not support a life-threatening condition/hemorrhage, O72.3 is the incorrect code assignment. Coding professionals should not apply O72.3 to postpartum thrombocytopenia patients who are asymptomatic without hemorrhage. The alternative way to apply the correct code assignment is:

- In the alphabetical index look up:
 - Puerperal, coagulopathy O99.13 (Thrombocytopenia without hemorrhage)
 - Puerperal, coagulopathy with hemorrhage O72.3 (DIC)

AHA Coding Clinic has advised eight times that a basic rule of coding is that further research is required if the title of the code suggested by the Index does not identify the condition correctly. If the patient has postpartum thrombocytopenia without hemorrhage, then O99.13 would be applied.

References

AHA Coding Clinic. (1991/2, 2004/3, 2013/1, 2013/2, 2017/3, 2018/1, 2018/4, 2019/2). Retrieved from codingclinicadvisor.com/

Moake, J. (January 2020). Disseminated Intravascular Coagulation (DIC). Retrieved from merckmanuals.com/professional/hematology-and-oncology/coagulation-disorders/disseminated-intravascular-coagulation-dic

Deanna L. Klure, RHIT, CDIP, CCS; Co-Chair, CHIA Coding and Data Quality Committee