



## ACS 0303 Abnormal coagulation profile due to anticoagulants

### ICD-10-AM disease index:

#### **Abnormal, abnormality, abnormalities — see also Anomaly**

-bleeding time (overwarfarinisation) (subtherapeutic INR) (supratherapeutic INR) (underwarfarinisation) R79.83

--with bleeding due to circulating anticoagulants D68.3

- coagulation D68.9

-- time (abnormal INR) (subtherapeutic INR) (supratherapeutic INR) R79.83

--- with bleeding due to circulating anticoagulants D68.3

**Coagulopathy** (see also *Defect/coagulation*) D68.9

- abnormal coagulation profile (subtherapeutic INR) (supratherapeutic INR) (unstable INR) R79.83

-- with bleeding due to circulating anticoagulants D68.3

**Overwarfarinisation** NEC R79.83

- with bleeding D68.3

**Prolonged, prolongation**

- bleeding time (see also *Defect/coagulation*) R79.83

-- with bleeding due to circulating anticoagulants D68.3

- coagulation or prothrombin time R79.83

-- with bleeding due to circulating anticoagulants D68.3

**Subtherapeutic INR** (underwarfarinisation) NEC R79.83

**Supratherapeutic INR** (overwarfarinisation) NEC R79.83

- with bleeding D68.3

**Underwarfarinisation** (subtherapeutic INR) NEC R79.83

**Unstable**

- INR (International Normalised Ratio) (subtherapeutic) (supratherapeutic) R79.83

-- with bleeding due to circulating anticoagulants D68.3

### ICD-10-AM Disease Tabular:

#### ⊕R79.83 Abnormal coagulation profile

▽ 0303

Nontherapeutic coagulation assay due to anticoagulants

Abnormal or prolonged:

- bleeding time
- coagulation time
- international normalised ratio (INR)
- partial thromboplastin time (PTT)
- prothrombin time (PT)

Overwarfarinisation

Supratherapeutic/subtherapeutic INR (due to anticoagulants)

Underwarfarinisation

Unstable INR

*Use additional external cause code (Chapter 20) to identify any administered anticoagulant.*

**Excludes:** haemorrhagic disorder due to circulating anticoagulants (D68.3)

long term use of anticoagulants without haemorrhagic disorder (Z92.1)

## 0303 ABNORMAL COAGULATION PROFILE DUE TO ANTICOAGULANTS CR

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Anticoagulant therapy is commonly used for the treatment and prevention of thromboembolic disease. Patients on long term anticoagulants require their anticoagulant level to be closely monitored to ensure it is maintained within an appropriate therapeutic range. The anticoagulant level is monitored with coagulation assays most commonly known as INR (International Normalised Ratio). If the INR level falls outside the therapeutic range (eg subtherapeutic INR or unexpected elevation of the INR value) patients are at greater risk of thromboembolism or haemorrhage.

Abnormal INR due to anticoagulants may be documented as:

- supratherapeutic/subtherapeutic INR
- high INR
- overwarfarinisation
- prolonged bleeding time
- abnormal bleeding time

Patients taking oral anticoagulants may require bridging anticoagulant therapy prior to a planned procedure. This involves replacing their usual oral anticoagulant (eg warfarin) with a short action agent such as Clexane or heparin until the patient can resume their usual anticoagulant therapy. The intention of bridging therapy is to minimise the risk of developing a thromboembolic event after a procedure.

### CLASSIFICATION

- If patients on long term anticoagulants require anticoagulant level **monitoring** during an episode of care and the INR level is within the target therapeutic range (ie no supratherapeutic or subtherapeutic INR is documented), assign Z92.1 *Personal history of long term (current) use of anticoagulants* as an additional diagnosis

#### EXAMPLE 1:

Patient on long term anticoagulants, admitted one day prior to TURP (transurethral resection of prostate) for heparinisation (bridging anticoagulant therapy).

Code: Z92.1 *Personal history of long term (current) use of anticoagulants* (as an additional code)

#### EXAMPLE 2:

Patient on long term warfarin had an unwitnessed fall. Patient was admitted for management of his traumatic subarachnoid haemorrhage. Warfarin was withheld during the admission to prevent exacerbation of the subarachnoid haemorrhage.

Codes: Z92.1 *Personal history of long term (current) use of anticoagulants* (as an additional code)

In this example, D68.3 *Haemorrhagic disorder due to circulating anticoagulants* is not assigned as the documentation does not state that the subarachnoid haemorrhage was the result of the anticoagulation use.

- If the INR value is outside the patient's normal/usual therapeutic range (eg suprathereapeutic or subtherapeutic INR is documented) but **no bleeding** occurs, assign R79.83 *Abnormal coagulation profile* together with appropriate external cause codes to indicate that the abnormal coagulation profile is related to the administration of an anticoagulant.

#### EXAMPLE 3:

Patient was admitted for bridging Clexane and INR monitoring after presenting to his GP with subtherapeutic INR. The patient was on long term warfarin therapy post mechanical heart valve replacement.

Codes: R79.83 *Abnormal coagulation profile*  
 Y44.2 *Anticoagulants causing adverse effects in therapeutic use*  
 Y92.23 *Place of occurrence, health service area, not specified as this facility*  
 Z95.2 *Presence of prosthetic heart valve*

#### EXAMPLE 4:

An 80 year old gentleman admitted to hospital due to COPD (chronic obstructive pulmonary disease). The patient was on long term warfarin for atrial fibrillation. During the admission, patient was found to be overwarfarinised (INR=6). Vitamin K 5mg was given and warfarin was reduced to 3 mg daily, to titrate to an INR of 2-3.

Codes: J44.9 *Chronic obstructive pulmonary disease, unspecified*  
 R79.83 *Abnormal coagulation profile*  
 Y44.2 *Anticoagulants causing adverse effects in therapeutic use*  
 Y92.23 *Place of occurrence, health service area, not specified as this facility*  
 I48.9 *Atrial fibrillation and atrial flutter, unspecified*

- If bleeding occurs as the result of anticoagulant use, assign D68.3 *Haemorrhagic disorder due to circulating anticoagulants*. The causal relationship between the bleeding and the use of anticoagulant must be documented in the clinical record before D68.3 is assigned.

#### EXAMPLE 5:

Patient admitted with epistaxis due to long term warfarin use.

Codes: R04.0 *Epistaxis*  
 D68.3 *Haemorrhagic disorder due to circulating anticoagulants*  
 Y44.2 *Anticoagulants causing adverse effects in therapeutic use*  
 Y92.23 *Place of occurrence, health service area, not specified as this facility*

(See also ACS 1902 Adverse effects)

In this example, D68.3 *Haemorrhagic disorder due to circulating anticoagulants* is assigned as there is a clearly documented causal relationship between the bleeding and the use of warfarin.

## Tenth Edition FAQs Part 1: Abnormal coagulation profile due to anticoagulants (ACCD)

1. Are Z92.1, R79.83 and D68.3 mutually exclusive?

**Answer 1.** Z92.1 *Personal history of long term (current) use of anticoagulants*, R79.83 *Abnormal coagulation profile* and D68.3 *Haemorrhagic disorder due to circulating anticoagulants* are mutually exclusive, as evidenced by the *Excludes* notes at R79.83 and D68.3. Long term use of anticoagulants is inherent in D68.3 and R79.83.

2. Does INR monitoring need to be documented to assign Z92.1 and R79.83?

**Answer 2.**

INR/anticoagulant level monitoring is required to assign Z92.1 *Personal history of long term (current) use of anticoagulants* and R79.83 *Abnormal coagulation profile*, as per the guidelines in ACS 0303 *Abnormal coagulation profile due to anticoagulants/Classification* which states:

If patients on long term anticoagulants require anticoagulant level monitoring during an episode of care and the INR level is within the target therapeutic range (ie no suprathreshold or subtherapeutic INR is documented), assign Z92.1 *Personal history of long term (current) use of anticoagulants* as an additional diagnosis

If the INR value is outside the patient's normal/usual therapeutic range (eg suprathreshold or subtherapeutic INR is documented) but no bleeding occurs, assign R79.83 *Abnormal coagulation profile* together with appropriate external cause codes to indicate that the abnormal coagulation profile is related to the administration of an anticoagulant.

**Note:** The second dot point infers that the INR level (value) is being monitored during an episode of care, as multiple values are required to demonstrate a trend.

**For implementation 1 October 2017**