

Hypercoagulable State

Hypercoagulable states are often omitted from provider documentation. If systemic anticoagulation is used to treat acute clots or prevent new clot formation, a hypercoagulable state should be documented. Hypercoagulable state is a comorbidity/complication (CC) and helps reflect the severity of illness in your patient.

Some conditions predispose patients to clotting and should be documented as “secondary hypercoagulable states” when acute DVTs/PEs are caused by those conditions.

Primary Hypercoagulable States (CC)	Secondary Hypercoagulable States (CC)
Factor V Leiden	Active cancer
Protein C deficiency	Myeloproliferative disorders
Protein S deficiency	HIT
AT3 deficiency	Nephrotic syndrome
Prothrombin Gene Mutation	Oral contraceptives
	Sickle cell disease/crisis
	Pregnancy/Postpartum
	DIC
	Estrogen receptor modulators (tamoxifen, raloxifene)
	Antiphospholipid antibodies (Anticardiolipin and Lupus anticoagulant)
	TTP

Remember to use “possible” “probable” or “still to be ruled out”