

Secondary Hypercoagulable State Documentation Best Practices



Secondary Hypercoagulable State

Secondary hypercoagulable state is the increased risk of thromboembolism caused by an underlying disease or condition. The most common secondary states are caused by atrial fibrillation or COVID-19. This doesn't include inherited primary hypercoagulable disorders such as Factor V Leiden or protein C or S deficiencies.

Code	
D68.69	Other thrombophilia; Secondary hypercoagulable state

Causes of Secondary Hypercoagulable State

The most common secondary states are caused by atrial fibrillation or COVID-19.

Atrial Fibrillation CHA(2)DS(2)-VASc Score for Stroke Risk ⁱ	
Clinical Finding	Points
CHF/LV dysfunction	1
Hypertension	1
Diabetes Mellitus	1
History of stroke, TIA, or thromboembolism	2
Age 65-74	1
Age ≥ 75*	2
Female	1
Male	0
*Age is only counted once	

The American Heart Association/American College of Cardiology/Heart Rhythm Society recommend using the CHA2DS2-VASc score and cardiac factors to guide therapy. Current guidelines suggest aspirin or no treatment for a score of 0 and oral anticoagulation when the score is 2 or greater.

Documentation requirements

To ensure proper diagnosis capture the following elements should be included:

- Identify the primary condition accountable for the hypercoagulable state (atrial fibrillation, COVID-19) and its status.
- Be sure to link the secondary condition back to the primary diagnosis using linking language such as due to, secondary to, caused by or associated with.
- Include an assessment and plan for both the primary and secondary conditions.

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

Documentation example

Atrial Fibrillation

HPI: Patient is a 76-year-old female here for a follow-up of her atrial fibrillation. She states that she's compliant with her medications and has no side effects. She was diagnosed about 6 months ago. Cardiology tried a cardioversion at the time of diagnosis, but her rhythm reverted back to a-fib, so medical treatment was initiated. She needs a refill on her Flecainide and Eliquis and also her Toprol XL that she takes for hypertension. No abnormal bruising or bleeding; no other concerns today.

PE: Vitals: WNL; ROS: Negative; PE: WNL

A: **I48.19 Other persistent atrial fibrillation**
D68.69 Secondary hypercoagulable state due to atrial fibrillation

P: Continue Flecainide for rhythm control, Eliquis for anticoagulation, and Toprol XL for hypertension as prescribed. Refills sent to patient's pharmacy. Return to clinic in three months for scheduled AWV and chronic disease management follow-up, sooner if patient has any issues.

Active Cancer

HPI: Patient is here for a follow up on their breast cancer of the right breast that's metastasized to bone and a refill of her anticoagulant. Oncology is following her closely.

PE: Vitals normal: PE normal: ROS negative

A: **C50.911 Primary Malignant Neoplasm of Right Female Breast**
C79.51 Secondary Malignant Neoplasm of Bone
D68.69 Secondary hypercoagulable state due to malignancy

P: Continue to follow up with oncology; has regularly scheduled chemotherapy treatments that will continue. Discussed progress regarding metastases and refilled her anticoagulant. Reviewed risk factors and will follow up in three months; contact the clinic if any issues arise.

ⁱ [Atrial Fibrillation - Cardiovascular Disorders - Merck Manual Professional Version](#)