



Hematology

Best Practice Documentation

Click on the desired Diagnoses link or press Enter to view all information.

Diagnoses:

- [Anemia](#)
- [Hereditary Hemolytic Anemias](#)
- [Sickle Cell Disease and Trait](#)
- [Acquired Hemolytic Anemia](#)
- [Pancytopenia](#)
- [Aplastic Anemias](#)
- [Other Anemias](#)
- [Neutropenia](#)
- [Coagulation Disorders](#)

Contact the following for any documentation questions or concerns:

CDI Dept: Shannon Menei 302-733-5973

HIMS Coding: Kim Seery 302-733-1113



Anemia

Best practice documentation for Anemia is to use the key elements outlined below and use the linking statement “due to” when documenting the cause of the anemia.

- Type
 - Nutritional (Iron, B12, or Folate Deficiency)
 - Hemolytic
 - Aplastic
 - Due to blood loss
 - Due to Procedure
 - Unrelated to Procedure
- Acuity:
 - Acute
 - Chronic
 - Acute on chronic
- Document a “due to” underlying condition causing the anemia
- Link any associated medication or drug use



Nutritional Anemia Documentation Example

Insufficient Documentation

- 45 year old patient presents with complaints of headache, general fatigue, weakness and shortness of breath , all have slowly worsened over the past 9 months. Periodic dizziness and loss of balance for the past one to two weeks. Patient has been a vegan his entire adult life; he eats no meat, fish, eggs or dairy products.

**DX: Vitamin B12 deficiency
anemia**

Best Practice Documentation

- 45 year old patient presents with complaints of headache, general fatigue, weakness and shortness of breath , all have slowly worsened over the past 9 months. Periodic dizziness and loss of balance for the past one to two weeks. Patient has been a vegan his entire adult life; he eats no meat, fish, eggs or dairy products.

DX: Vegan anemia



Hereditary Hemolytic Anemias

- Enzyme Disorder Anemias due to:
 - Glucose-6-phosphate dehydrogenase deficiency
 - Glutathione metabolism
 - Glycolytic enzymes
- Other Hereditary Hemolytic Anemias
 - Spherocytosis
 - Elliptocytosis
 - Other Hemoglobinopathies (specify)
- Thalassemia :
 - Alpha
 - Beta
 - Delta-beta
 - Minor
 - Hereditary persistence of fetal hemoglobin (HPFH)
 - Hemoglobin E-beta



Sickle Cell Disease and Trait

- Identify as
 - Disease (anemia)
 - Trait
- Type
 - Hb-SS
 - Hb-C
 - Hb-SD
 - Hb-SE
 - Sickle-cell thalassemia
 - Sickle-cell beta thalassemia
 - Thalassemia Hb-S disease
- Crisis
 - With crisis
 - Acute chest syndrome
 - Splenic sequestration
 - Unspecified manifestation
 - Without crisis



Acquired Hemolytic Anemia

- Underlying Cause
 - Autoimmune
 - Non-autoimmune
- Further specify:
 - Drug-induced (specify drug)
 - Hemolytic-uremic syndrome (specify any associated infection)
 - Other autoimmune (Cold agglutinin, Cold or warm type)
 - Other non-autoimmune (Mechanical, Microangiopathic, Toxic)
 - Paroxysmal nocturnal hemoglobinuria
 - Hemoglobinuria due to hemolysis from other external causes (specify)
 - Other (specify associated condition) or Idiopathic



Hemolytic Anemia Documentation Example

Insufficient Documentation

- Patient is a 47 year old male, admitted for sickle cell crisis.

Best Practice Documentation

- Patient is a 47 year old male admitted for **Hb-SS** sickle cell disease in **crisis**, currently with **acute chest syndrome**.



Pancytopenia

- Type
 - Antineoplastic chemotherapy (document last chemo treatment)
 - Other drug-induced (specify)
 - Due to other specified etiology
- Etiology
 - MDS
 - Leukemia
 - AIDS
 - Other specified cause
- Include any associated diagnoses and conditions



Aplastic Anemias

Acquired Pure Red Cell Aplasia

- Chronic
- Transient
- Other (specify)

Other Aplastic Anemias

- Constitutional
 - (Pure) red blood cell aplasia
 - Other (Fanconi's anemia)
- Drug induced (specify drug)
- Due to other external agents (specify agent)
- Idiopathic
- Myelophthisis (specify underlying disorder)



Other Anemias

Here are some key documentation requirements for optimal representation of severity of illness and risk of mortality in your anemic patient

- Blood loss anemia
 - ❑ Acute blood loss anemia (specify underlying cause)
 - ❑ Chronic blood loss anemia (specify underlying cause)
- Anemia of chronic disease
 - ❑ Neoplastic disease
 - ❑ Chronic kidney disease
 - ❑ Other (specify disease)
- Sideroblastic
 - ❑ Hereditary
 - ❑ Secondary due to disease (specify)
 - ❑ Secondary sideroblastic – due to drugs & toxins (specify)
 - ❑ Other sideroblastic (specify)
- Anemia due to antineoplastic chemotherapy



Other Anemia Documentation Example

Insufficient Documentation

- Patient admitted with anemia secondary to lower GI bleed. HGB 7.3 down from 10.4, two units of PRBCs transfused, H&H q 6.
- Patient with metastatic breast cancer with pancytopenia.

Best Practice Documentation

- Patient admitted with **acute blood loss anemia (ABLA)** secondary to lower GI bleed **due to ulcerative colitis**. HGB 7.3 down from 10.4, two units of PRBCs transfused, H&H q 6.
- Patient with history of breast cancer **metts to bone**, treated with chemotherapy. Patient presents with **chemo induced** pancytopenia.



Neutropenia

- Specify type / cause:
 - Congenital agranulocytosis
 - Congenital neutropenia
 - Infantile genetic agranulocytosis
 - Kostmann' s disease
 - Agranulocytosis
 - Specify if secondary from cancer chemo
 - Other drug induced agranulocytosis
 - Due to infection
 - Cyclic neutropenia
 - Other neutropenia (specify)



Coagulation Disorders

- Disseminated Intravascular Coagulation (DIC)
 - Defibrination syndrome
- Hereditary deficiency of clotting factors
 - Specify VIII, IX, XI, etc.
 - Hemophilia (type A,B or C)
- Von Willebrand's disease
- Due to Circulating Anticoagulants:
 - Intrinsic:
 - Acquired hemophilia
 - Antiphospholipid antibody
 - Other (specify)
 - Extrinsic
 - Acquired coagulation factor deficiency
- Primary Thrombophilia
 - Activated protein C resistance
 - Prothrombin gene mutation
 - Other (specify)
- Other Thrombophilia
 - Antiphospholipid syndrome
 - Lupus anticoagulant syndrome
 - Other (specify)



Key Documentation Concepts

- Documentation should clearly state whether patient is admitted specifically for treatment of the anemia or underlying cause.
- Use adjectives to describe the type of blood disorder – acute, chronic, primary, secondary, congenital, with or without crisis, etc.
- Document underlying cause. If drug related specify drug.



Take the Extra Step!

Document:

- ALL chronic conditions – present and stable but managed.
- Significance of abnormal tests (i.e.: UTI, electrolytes, echo)
- Clarify whether diagnoses are ruled in or ruled out
- Establish cause-and-effect relationships (linking DM to manifestations)
- Laterality, if applicable
- Explain the “why” and “because” to support medical necessity
- Any tobacco use, abuse, dependence, history of smoke exposure (e.g., second hand, occupational, etc.)