

### Focus on: Coagulation defects and other specified hematological disorders

Medicare Advantage*	
<ul style="list-style-type: none"> <li>• <b>HCC 48:</b> Coagulation defects and other specified hematological disorders</li> <li>• <b>HCC 48 (19):</b> Myelodysplastic syndromes, multiple myeloma and other cancers</li> <li>• <b>HCC 48 (21):</b> Lymphoma and other cancers</li> <li>• <b>HCC 48 (23):</b> Prostate, breast and other cancers and tumors</li> <li>• <b>HCC 48 (108):</b> Sickle cell disorders, except sickle cell anemia (Hb-SS) and thalassemia beta zero; beta thalassemia major</li> <li>• <b>HCC 48 (109):</b> Acquired hemolytic, aplastic and sideroblastic anemias</li> <li>• <b>HCC 48 (112):</b> Immune thrombocytopenia and specified coagulation defects and hemorrhagic conditions</li> </ul>	<p><b>Prevalent conditions that fall into these categories are:</b> Myelodysplastic disease, polycythemia vera, acquired coagulation factor deficiency; beta thalassemia, delta-beta thalassemia; Castleman disease; chronic myeloproliferative disease; coagulation defect, unspecified; congenital and hereditary thrombocytopenia purpura; essential (hemorrhagic) thrombocytopenia; Evans syndrome; heparin induced thrombocytopenia (HIT); hereditary deficiency of other clotting factors; hereditary factor XI deficiency; hereditary sideroblastic anemia; immune thrombocytopenic purpura; Lupus anticoagulant syndrome; Myelodysplastic disease, not elsewhere classified; neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified; thrombocytopenia, unspecified; other primary thrombocytopenia; other primary thrombophilia; Von Willebrand disease</p> <p><b>Conditions specific to the ACA model include:</b> Transient neonatal thrombocytopenia</p>
Affordable Care Act*	
<ul style="list-style-type: none"> <li>• <b>HCC 75:</b> Coagulation defects and hematological disorders</li> <li>• <b>HCC 67:</b> Myelodysplastic syndromes and myelofibrosis</li> <li>• <b>HCC 71:</b> Thalassemia major</li> </ul>	

\*The conditions listed in the table above do not represent an inclusive list. Please check the CMS and HHS mappings for a complete list of conditions. HCC information is provided for educational purposes on the differences between the CMS and HHS models and is not intended to affect patient care. CMS requires submission of all diagnosis codes within the reporting period each calendar year based on what is documented in the medical record.

The hierarchical condition categories listed above in parentheses are the new HCCs in the 2024 CMS-HCC model. The 2020 model and the 2024 model are blended 67%/33%, respectively, for PY 2024, and 33%/67%, respectively, for PY 2025. Please see the [2024 Announcement](#) for details.

Documentation should be clear, concise and legible. All conditions that coexist at the time of the encounter/visit and require or affect patient care, treatment and/or management, should be documented.

When documenting conditions related to **coagulation defects and hematological disorders**, specify:

- **Type(s) if known:**

- **Anemia due to enzyme disorders:** Glucose-6-phosphate dehydrogenase (G6PD) deficiency, disorders of glutathione metabolism, disorders of glycolytic enzymes, pyruvate kinase deficiency, disorders of nucleotide metabolism, etc.
- **Thalassemia:** Alpha, beta, delta-beta, minor, hereditary persistence of fetal hemoglobin (HPFH), hemoglobin E-beta, etc.
- **Other hereditary hemolytic anemias:** Spherocytosis, elliptocytosis, etc.
- **Hemorrhagic disorder due to circulating anticoagulants:** Intrinsic (e.g., acquired hemophilia, etc.) or extrinsic
- **Other primary thrombophilia:** Protein C or S deficiency, primary thrombophilia NEC, thrombophilia NOS, hypercoagulable state NOS, etc.
- **Other thrombophilia:** Hypercoagulable state, NEC secondary hypercoagulable state NOS, etc.
- **Thrombocytopenia:** Evans syndrome, congenital, hereditary, posttransfusion purpura, thrombocytopenia, unspecified, etc.

- **Lab findings:** Link any significant laboratory findings and/or other diagnostic work-up to a related diagnosis, if applicable.

- **Cause or underlying conditions:** Specify genetic potential, nutritional or mineral deficits, trauma, due to a neoplasm and/or cancer treatments, causal systemic relationships, drug-induced and any dissociated diagnoses/conditions.

- **Document use of anticoagulant and if bleeding complication is due to antithrombotic or anticoagulant:** The documentation should link the bleeding to the use of the medication, distinguish coagulation disorders from therapeutic treatment and correctly identify clotting factor deficiencies or other cause of abnormal bleeding or clotting.

## Coagulation defects and other specified hematological disorders

ICD-10-CM	Description	ICD-10-CM	Description
<b>C94.6</b>	Myelodysplastic disease, not elsewhere classified	<b>D68.1</b>	Hereditary factor XI deficiency
<b>D45</b>	Polycythemia vera	<b>D68.311</b>	Acquired hemophilia
<b>D47.Z-</b>	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue (code first, complications of transplanted organs and tissue T86.-)	<b>D68.59</b>	Other primary thrombophilia
<b>D47.Z2</b>	Castleman disease (code also, if applicable, human herpesvirus 8 infection B10.89)	<b>D68.69</b>	Other thrombophilia
<b>D55.-</b>	Anemia due to enzyme disorder	<b>D68.9</b>	Coagulation defect, unspecified
<b>D56.-</b>	Thalassemia	<b>D69.-</b>	Purpura and other hemorrhagic conditions
<b>D57.3</b>	Sickle-cell trait	<b>D69.41</b>	Evans syndrome
<b>D64.-</b>	Other anemias (code first underlying disease, poisoning due to drug or toxin, and additional code for adverse effect); Von Willebrand's disease	<b>D69.42</b>	Congenital and hereditary thrombocytopenia purpura (code first congenital or hereditary disorder such as TAR syndrome Q87.2)
		<b>D69.49</b>	Other primary thrombocytopenia
		<b>D75.82-</b>	Heparin induced thrombocytopenia (HIT) (use additional code, if applicable, for adverse effect of heparin T45.515-)

For additional information on other endocrine and metabolic disorders, please refer to our [Documentation and coding tips: Coagulation defects and other specified hematological disorders](#).

# Training opportunities

Optum offers a variety of documentation and coding courses for Medicare Advantage (MA) and the Affordable Care Act (ACA). Some sessions offer continuing education units (CEUs) and can be used for continuing medical education (CME) credits, depending on your credentialing organization.

**National trainings:** Please speak with your Optum representative for a schedule of virtual trainings on documenting and coding prevalent chronic conditions.

If you are not sure who your Optum representative is, please contact the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday–Friday.

\* HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

\* Optum360 ICD-10-CM: Professional for Physicians 2023. Salt Lake City, UT: 2022.

1. The Centers for Medicare and Medicaid Services. [ICD-10-CM Official Guidelines for Coding and Reporting](#).

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2023: “A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required.” The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2024, using both the 2020 model and the 2024 model, which is currently a blended model.

This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the “thought process” of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. This presentation supplies general information regarding HEDIS and the Five-Star Quality Rating System, but NCQA administers HEDIS and CMS administers the Five-Star Quality Rating System, and you should consult the NCQA and CMS websites for further information. Lastly, on March 31, 2023, the Centers for Medicare & Medicaid Services (CMS) announced that 2023 dates of service for the 2024 payment year model are based on the [Centers for Medicare & Medicaid Services Announcement](#).

For the Affordable Care Act (ACA): The Department of Health & Human Services Hierarchical Condition Category (HHS-HCC) model applies in the health exchange risk adjustment program under the Affordable Care Act. This model differs significantly from the CMS-HCC model, which applies in the Medicare Advantage risk adjustment program. For more information, please visit: <https://www.cms.gov/ccio/resources/regulations-and-guidance#Premium-Stabilization-Programs>. HHS also issues an annual notice of benefit and payment parameters, which may contain additional guidance on risk adjustment coding and other related issues under the Affordable Care Act.

For more information on Optum and the products and services we offer, contact us at 1-877-751-9207 or email [providersupport@optum.com](mailto:providersupport@optum.com). If you have questions or wish to be removed from this email, please contact your Optum representative.



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