



# Hematology

## Best Practice Documentation

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

Diagnoses:

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# 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.)