Government of **Western Australia**
Department of **Health**

Western Australian Coding Rule

1116/02   Thrombocytosis

Q.

Which diagnosis code should be assigned for documentation of thrombocytosis NOS?

A.

Thrombocytosis, or thrombocythaemia, is a condition in which the body produces excess thrombocytes (platelets), leading to abnormal blood clotting or bleeding. Thrombocytosis may be either primary (essential) i.e. caused by no other disorder; or secondary i.e. caused by an underlying disorder.
Primary thrombocytosis is caused by a bone marrow disorder in which the body produces too many thrombocytes. Secondary thrombocytosis is caused by an underlying condition or event such as:

- blood loss
- cancer
- kidney disorders
- infection and inflammation
- spleen removal
- trauma

- exercise
- major surgery
- haemolytic anaemia
- vitamin or iron deficiency
- myocardial infarction
- pancreatitis

The Index pathways for thrombocytosis and thrombocythaemia are as follows:
Thrombocytosis
- essential (haemorrhagic) (idiopathic) (M9962/3) D47.3
- primary (M9962/3) D47.3
- secondary (reactive) D75.81
Thrombocythaemia
- essential (haemorrhagic) (idiopathic) (M9962/3) D47.3
- primary (M9962/3) D47.3
- secondary (reactive) D75.81

There is no default code at either thrombocytosis or thrombocythaemia. Therefore, one of the essential modifiers must be documented for a code to be assigned.

DECISION

There is no default Index pathway or code for thrombocytosis not otherwise specified. To assign a code for thrombocytosis, one of the essential modifiers of 'essential', 'primary' or 'secondary' must be documented. If none of these terms are documented, the clinician should be queried. Note that secondary thrombocytosis may not always meet the criteria in ACS 0002 *Additional diagnoses.*

[Effective 16 June 2010, ICD-10-AM/ACHI/ACS 6th Ed.]

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