



American Academy
of Value Based Care

AAVBC Qualitative Platelet Disorder

Quick Reference Guide

2026

AAVBC Qualitative Platelet Disorder (QPD) Quick Reference Guide

1. CLINICAL SNAPSHOT

Definition: A Qualitative Platelet Disorder (QPD) is a bleeding disorder characterized by abnormal structure or function of the platelets themselves, despite the platelet count being normal or near-normal.¹

In QPDs, the platelets fail to perform one or more of their essential functions—adhesion, aggregation, activation, or secretion — leading to a defect in primary hemostasis and an increased tendency for mucocutaneous bleeding (e.g., easy bruising, nosebleeds, heavy menstrual bleeding).

There are inherited (e.g., Glanzmann thrombasthenia, Bernard-Soulier syndrome) and acquired causes (e.g., antiplatelet drugs) that lead to QPD.

ICD-10 codes: **D69.1** – Qualitative platelet defects (encompasses any documented defect in platelet function).^{2,3}

For acquired or drug-induced cases, the coding rules rely on **combination coding**. Use **D69.1** for the **manifestation** (the platelet defect) and a separate code (e.g., from the **T36-T50** range (**e.g., drug-induced qualitative platelet dysfunction (T45.515A)**) for adverse drug effects or **N18** for CKD + **R58** (if bleeding) to specify the **etiology** (the cause)).^{2,3}

HCC/RAF V28 Mapping: **HCC 112** (Coagulation Defects, Hemorrhagic Conditions, and Purpura) D69.1 with RAF (0.45).⁴

Prevalence:

- **Inherited qualitative platelet disorders** (e.g., Glanzmann thrombasthenia, Bernard-Soulier syndrome) are **extremely rare, <1 per 1,000,000 people**⁵
- **Acquired platelet dysfunction** is significantly more common, especially in older adults, and arises from chronic disease or medication effects
- There are roughly **56 million** U.S. residents ≥65. Surveys indicate that **more than half of seniors have at least one major QPD risk factor**⁶
- **30–35 million Americans** are currently living with significant acquired platelet dysfunction or high risk for it (based on risk associated with antiplatelet drug users)⁶
- **High prevalence of anti-platelet medication:** Up to **26%** of adults >60 in the U.S. regularly use NSAIDs⁶
- **High prevalence of CKD** (~34% of adults ≥65) induced QPD; presenting as uremia-related platelet dysfunction⁷

Cost Burden:

- QPDs carry a **disproportionately high economic impact** due to bleeding complications, transfusion dependence, and emergency utilization⁸

- QPD related bleeding events; GI hemorrhage results in over 500,000 hospital admissions, over 2 million hospital days, \$5 billion in direct costs, and nearly 11,000 in-hospital deaths⁹
- **Inherited QPDs**; PMPY cost estimates exceed **\$40,000–\$60,000** factoring in hospitalizations, platelet transfusions, rFVIIa use, and hematology visits (based on rare disease cost modeling and hemophilia analogues)⁸
- Each severe bleed episode requiring recombinant factor therapy can exceed **\$10,000–\$15,000** in acute treatment costs^{8,9}

2. RECOGNITION & DIAGNOSIS

Medicare screenings:^{1, 10-13}

Test	Clinical need (who/when)	Coverage	CPT Code	Notes
Complete Blood Count (CBC) with Differential and Peripheral Smear	Initial assessment of bleeding/thrombosis risk	Covered for a wide range of signs, symptoms, and disease management (e.g., anemia, bleeding, general workup)	85025	Low billing risk
Platelet Count	Differentiate QPD from quantitative disorders	Covered, included in CBC	85025	A normal count is crucial for steering the workup toward qualitative tests (LTA, Flow Cytometry)
Peripheral Smear Review	Identify morphological clues	Covered when ordered to investigate an abnormal CBC or specific clinical signs	85060	Giant Platelets (Bernard-Soulier) is a strong indicator of medical necessity for advanced QPD testing
Coagulation Studies (PT and aPTT)	Rule out factor deficiencies	Highly covered for bleeding episodes, pre-surgical screening, or monitoring anticoagulant therapy	85610 (PT), 85730 (aPTT)	Normal results help narrow the differential diagnosis to a platelet problem, justifying subsequent (and higher-cost) platelet function tests
ISTH Bleeding Assessment Tool (ISTH-BAT)	Standardized symptom documentation. Strong documentation utility.	Clinical questionnaire/tool, not a labile laboratory test	No CPT for tool	A high score provides strong medical necessity documentation for ordering the more specialized and expensive CPT codes (like 85025, 85060) required for definitive QPD diagnosis

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