

Deep Vein Thrombosis and Pulmonary Embolism

A PREMERA DOCUMENTATION AND CODING SERIES FOR PROVIDERS

Overview

A lack of clear differentiation between acute, chronic, and historical Deep Vein Thromboses (DVT), and associated Pulmonary Emboli (PE), in a patient's medical record frequently leads to an inaccurate diagnosis coding.

A common mistake is coding DVT as acute when a patient has either chronic or historical DVT. Often, providers choose an acute DVT code simply because the patient is on anticoagulation therapy, even though the patient no longer has a clot and is taking a blood thinner prophylactically. Such inaccurate coding results in the misrepresentation of a patient's current health status in his/her permanent medical record.

Documentation and Coding

It's important to always document DVT to the highest level of specificity. Start with acuity level by clearly stating if the DVT is acute, chronic, or historical.

- Acute: A new and often symptomatic thrombosis is found, and the patient is starting anticoagulation therapy.
- Chronic: Old or established thrombosis which requires ongoing anticoagulation therapy.
- Historical: Patient no longer has thrombosis but is taking anticoagulation therapy prophylactically.

If acuity isn't documented (e.g.; it's simply stated that the patient has DVT), the ICD-10 book will guide you to choose an acute DVT code. If this patient truly doesn't have an acute DVT, this would be an inaccurate representation of patient's health status, even though the code is selected correctly.

The ICD-10 book also provides different options for codes that specifically convey details regarding the severity and laterality of DVT. It's essential to document the vein where the thrombosis is found (e.g.; femoral, iliac, or tibial), and what side of the body is affected (e.g.; right or left).

The following are examples of common DVT and PE coding mistakes.

Documentation	What was coded	What should have been coded and why
Recurrent right DVT. On Xarelto prophylactically.	I82.91 – Chronic embolism and thrombosis of unspecified vein	<ul style="list-style-type: none"> • Z86.718 – Personal history of other venous thrombosis and embolism • Z79.01 – Long term (current) use of anticoagulants <p>Recurrent doesn't mean chronic. Patient is taking Xarelto prophylactically.</p>
DVT on chronic anticoagulation therapy	I82.91 – Chronic embolism and thrombosis of unspecified vein	<ul style="list-style-type: none"> • I82.90 – Acute embolism and thrombosis of unspecified vein • Z79.01 – Long term (current) use of anticoagulants <p>Acuity of DVT isn't stated. Chronic use of medication doesn't mean DVT is chronic. The default code would be I82.90.</p>
Acute DVT of right lower leg. Starting Coumadin treatment	<ul style="list-style-type: none"> • I82.90 – Acute embolism and thrombosis of unspecified vein • Z79.01 – Long-term (current) use of anticoagulants 	<p>I82.4Z1 – Acute embolism and thrombosis of right distal lower extremity</p> <p>Documentation specifies laterality (right). Z79.01 wouldn't be coded as patient is just starting Coumadin treatment.</p>
Patient comes in the Coumadin clinic for a regular anticoagulation management visit. She/he had DVT/PE 6 months ago and has no evidence of thromboembolism on ultrasound.	<ul style="list-style-type: none"> • I82.90 – Acute embolism and thrombosis of unspecified vein • I26.99 – Acute pulmonary embolism, NOS 	<ul style="list-style-type: none"> • Z51.81 – Encounter for therapeutic drug level monitoring • Z79.01 – Long-term (current) use of anticoagulants • Z86.718 – Personal history of other venous thrombosis and embolism <p>The primary reason for a visit is Coumadin management. Both DVT and PE are historical.</p>

For more information about documentation and coding of this and other chronic or complex conditions, email your provider clinical consultant at providerclinicalconsulting@premera.com