Coding accuracy tips: Embolism and thrombosis

Coding active and/or current embolism and thrombosis accurately requires the documentation to note the following:

Type of embolism or thrombosis

- Pulmonary embolism (PE)
    - Is it acute?
        o With acute cor pulmonale?
        o Without acute cor pulmonale?
    - Is it a provoked or unprovoked PE?
    - Is it chronic?
- Other specified site

Anticoagulation treatment

- Length of treatment
    - If treatment is greater than three months, and there is no clear documentation of rationale for why, then assume medication is prophylaxis/preventative and code as history of.
- Medication

For accurate reporting of ICD-10-CM diagnosis codes, the documentation should describe the patient's condition, using terminology that includes specific diagnoses as well as symptoms, problems, or reasons for the encounter.

Suggested documentation and examples

1. Code acute PE while the patient is anticoagulated for up to three months (document duration in your note).

    a. After three months, anticoagulant medication is often used for prevention only. Therefore, continue coding acute PE past three months only if clinically appropriate.

    b. I26.99 Other pulmonary embolism without cor pulmonale (a.k.a. acute PE, unspecified) A/P: Patient continues on warfarin two months into three-month course for subsegmental PE. Asymptomatic, continue monitor INR.

    c. Z86.711 Personal history of pulmonary embolism A/P: Patient with unprovoked PE five months ago. Currently asymptomatic, normal exam will continue full six months anticoagulation.

2. Code acute DVT while the patient is anticoagulated for up to six months (document duration in your note).*

    a. Continue coding acute deep vein thrombosis (DVT) past six months only if clinically appropriate.

    b. I82.432 Acute embolism and thrombosis of left popliteal vein A/P: Patient continues on warfarin two months into six-month course for left popliteal DVT. Asymptomatic, continue monitor INR.

  c. Z86.718 Personal history of other venous thrombosis and embolism A/P: Patient with unprovoked DVT seven months ago. Currently asymptomatic, normal exam will continue full 12 months anticoagulation.

3. Chronic DVT criteria:

REPEAT Radiologic studies (Ultz, CT, etc.) confirms persistent clot > four weeks

  a. Specify Chronic DVT

    i. Code I82.5*

    ii. 5th character for Vein involved

    iii. 6th character for Right, Left, bilateral, or unspecified

  b. Code I82.532 Chronic embolism & thrombosis left popliteal vein

    i. Code Z79.01 Long term (current) use anticoag*

    ii. A/P: Continued swelling, pain, DVT 6 months ago L popliteal vein.

    iii. Ultrasound reveals chronic DVT. Continue anticoagulation and compression stocking, refer to vascular surgery.

Use additional code, if applicable, for long-term (current) use of anticoagulants.

Resources

https://jamanetwork.com/journals/jama/fullarticle/2382982

https://www.cdc.gov/ncbddd/dvt/facts.html

https://www.webmd.com/dvt/happens-after-dvt

"Factors determining clot resolution in patients with acute pulmonary embolism." Blood Coagul Fibrinolysis. 2016. Apr;27(3):294-300.

"Deep vein thrombosis outcome and the level of oral anticoagulation therapy" Journal Of Vascular Surgery. November 1999 Caprini et al p 810.