Embolism Coding Guidelines

Accurate coding and documentation of Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) are critical for ensuring appropriate clinical management and compliance with CMS requirements.

A lack of clear differentiation between acute, chronic, and historical DVT and associated PE in a patient's medical record frequently leads to inaccurate diagnosis coding. A common mistake is coding DVT as acute when a patient has either a 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. Inaccurate coding such as this results in the misrepresentation of the patient's current health status within their permanent medical record.

Coding Examples - Embolism Guidelines

ICD-10 Code	Description	Coding Guidelines	Examples
I82.xxx	Embolism and thrombosis, veins specified and unspecified location, upper and lower extremities, laterality, severity and other embolism and thrombosis	Document acute DVT while the patient is anticoagulated for up to six months (document duration in your note). Providers can continue coding acute DVTs past six months if clinically appropriate.	Patient is being seen for acute deep vein thrombosis of left lower extremity. Warfarin started as treatment. Provider can report I82.402

ICD-10 Code	Description	Coding Guidelines	Examples
I26.xxx	Pulmonary Embolism with or without acute cor pulmonale, type, septic emboli	Code acute PE while the patient is anticoagulated for up to three months (document duration in your note). After three months, anticoagulant medication is often used for prevention only. Therefore, continue coding acute PE past three months only if clinically appropriate.	Patient seen for acute pulmonary embolism without cor pulmonale. Patient will begin anticoagulation therapy. Use I26.99
I27.82	Pulmonary Embolism (Chronic)	Document chronic DVT while the patient is on treatment and anticoagulation therapy.	A patient, currently on Eliquis, is seen for management of chronic pulmonary embolism. Use both I27.82 with Z79.01.
Z86.711	Personal history of Pulmonary Embolism	If patient is asymptomatic and continues prophylactic medication past three months report as history of-.	Patient with history of pulmonary embolism a year ago. Condition has resolved, no recurrence.

ICD-10 Code	Description	Coding Guidelines	Examples
Z86.718	Personal history of other venous thrombosis or embolism	If patient is asymptomatic and continues prophylactic medication past six months report as history of-.	Patient presents at outpatient clinic to have INR drawn. Patient has deep vein thrombosis with no evidence of recurrence on ultrasound imaging performed 7 weeks ago. Patient remains on prophylactic coumadin therapy. Use both Z86.718 with Z79.01

Documentation and Coding Tips:

It is 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.

- Acuity:
  - 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
- Site/laterality
- Affected vein (e.g., femoral, tibial, etc.)
- The date of onset, if known.
- Pulmonary embolism: with or without cor pumonale
- Anticoagulant therapy: clearly document if anticoagulant therapy is for treatment or for prophylaxis

References:

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- Mayo Clinic Staff. (2022, June 11). *Deep vein thrombosis (DVT) - Symptoms & causes*. Mayo Clinic. Retrieved August 22, 2025, from https://www.mayoclinic.org/diseases-conditions/deep-vein-thrombosis/symptoms-causes/syc-20352557