

DEEP VEIN THROMBOSIS

- Clearly document the location and current clinical status of DVT as acute, chronic, or historical
- Specify whether anticoagulants are being used prophylactically or as active treatment for a current clot
- OIG has identified acute DVT as a diagnosis at high-risk for being miscoded, resulting in improper payments

Clinical Concepts

Acute blood clots typically resolve within 2 weeks of initial treatment. A transition is then made to long-term therapy intended to prevent a recurrence. Clinical status of a DVT should be clearly defined as:

- **Acute:** A new, symptomatic thrombosis is found, and anticoagulation therapy is initiated
- **Chronic:** Persistent or residual thrombosis causing obstruction which requires indefinite anticoagulation therapy
- **Historical:** Thrombosis has resolved and anticoagulation therapy is prophylactic

Documentation Matters

History – document the date of onset, the presence or absence of current symptoms related to the DVT, results of prior diagnostic testing, and any previous medical or surgical interventions.

Exam – document relevant physical findings. Examples may include:

- Swelling or warmth in the affected area
- Skin discoloration
- Tenderness to touch

Assessment – document the DVT diagnosis to the highest level of specificity. Include the current status, anatomic location, and any causal conditions or complications that are present. Examples include:

- Acquired or hereditary hypercoagulable states
- Prolonged inactivity or immobility
- Adverse effects of drugs
- Trauma
- Pregnancy

Plan – document the treatment or management plan and timeline for reevaluation or follow-up. Link associated prescription medications, orders for lab or diagnostic testing, and specialist referrals.

- For anticoagulation therapy, specify whether anticoagulants are prescribed prophylactically

(to prevent recurrence) or for active treatment of a new or residual clot.

Coding Guidance

For accurate code assignment to occur, the following information must be documented in the progress note:

- **Clinical status**
 - Acute
 - Chronic
 - Historical
- **Location**
 - Affected vessel
 - Laterality
- **Complications (if present)**
 - Postthrombotic syndrome
 - Chronic venous insufficiency
 - Pulmonary Embolism

The Office of Inspector General (OIG) has indicated that acute thromboembolisms are often over-coded in the outpatient setting. This is likely due to the fact that in ICD-10-CM, an unspecified DVT defaults to the acute code.

Coders cannot assume whether a DVT is acute or chronic; the treating provider must document the clinical status of the condition. Providers should strive for more detailed documentation, including the onset date, duration, and clinical status of the DVT.

Chronic anticoagulation does not equate to chronic DVT and does not represent a coagulation defect. Chronic anticoagulation therapy is long-term and can be used for current and historical thromboembolisms.

For outpatient claims, do not code for a suspected or possible DVT diagnosis. Rather, use codes to report the symptom(s) or abnormal finding(s) without a definitive diagnosis codes.

References

[Pinson & Tang: DVT & PE](#)

[Up to Date: Indefinite anticoagulation for DVT & PE](#)

[ICD-10-CM Official Guidelines for Coding & Reporting](#)

Deep Vein Thrombosis Diagnoses

Description	Location	Affected Vessel	Clinical Status	ICD-10-CM	HCC Model
Embolism & Thrombosis	Lower Extremity	Unspecified Deep Vein	Acute	I82.40*	CMS/HHS
			Chronic	I82.50*	CMS/HHS
		Femoral Vein	Acute	I82.41*	CMS/HHS
			Chronic	I82.51*	CMS/HHS
		Iliac Vein	Acute	I82.42*	CMS/HHS
			Chronic	I82.52*	CMS/HHS
		Popliteal Vein	Acute	I82.43*	CMS/HHS
			Chronic	I82.53*	CMS/HHS
		Tibial Vein	Acute	I82.44*	CMS/HHS
			Chronic	I82.54*	CMS/HHS
		Peroneal Vein	Acute	I82.45*	CMS/HHS
			Chronic	I82.55*	CMS/HHS
		Calf Muscular Vein [gastrocnemius, soleal]	Acute	I82.46*	CMS/HHS
			Chronic	I82.56*	CMS/HHS
		Other Specified Vein	Acute	I82.49*	CMS/HHS
			Chronic	I82.59*	CMS/HHS
		Unspecified Proximal Vein	Acute	I82.4Y*	CMS/HHS
			Chronic	I85.5Y*	CMS/HHS
	Unspecified Distal Vein	Acute	I82.4Z*	CMS/HHS	
		Chronic	I82.5Z*	CMS/HHS	
	Superficial Vein [saphenous]	Acute & Chronic	I82.81*	-	
			-		
	Upper Extremity	Unspecified	Acute	I82.60*	-
			Chronic	I82.70*	-
		Superficial Vein [antecubital, basilic, cephalic]	Acute	I82.61*	-
			Chronic	I82.71*	-
		Deep Vein [brachial, radial, ulnar]	Acute	I82.62*	CMS/HHS
			Chronic	I82.72*	CMS/HHS
Axillary Vein		Acute	I82.A1*	CMS/HHS	
		Chronic	I82.A2*	CMS/HHS	
Subclavian Vein		Acute	I82.B1*	CMS/HHS	
		Chronic	I82.B2*	CMS/HHS	
Any Extremity	Any Vessel	Historical	Z86.718	Personal history of DVT	-

*6th character required:
1 – Right
2 – Left
3 – Bilateral
9 – Unspecified

Additional Diagnoses to Consider

ICD-10-CM	Code Description	HCC Model
D68.51	Factor V Leiden mutation	HHS
D68.52	Prothrombin gene mutation	HHS
I80*	Phlebitis and thrombophlebitis • Specify site & affected vessel	CMS/HHS
I83*	Varicose veins of lower extremities • Specify site and presence of ulcer and/or inflammation, if applicable	CMS/HHS [with ulcer]
I87.0*	Post-thrombotic syndrome • Specify site and presence of ulcer and/or inflammation, if applicable	CMS/HHS [with ulcer]
I87.2	Venous insufficiency	-
I87.3*	Chronic venous hypertension • Specify site and presence of ulcer and/or inflammation, if applicable	CMS/HHS [with ulcer]
Z79.01	Long term (current) use of anticoagulants	-

*Additional characters needed to complete code