

PULMONARY EMBOLISM

- Clearly document the location and current clinical status of an embolism as acute, chronic, or historical
- Specify whether anticoagulants are being used prophylactically or as active treatment for a current clot
- OIG has identified acute PE 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 pulmonary embolism should be clearly defined as:

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

Documentation Matters

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

Exam – document relevant physical findings such as, dyspnea, hypoxia, chest pain, or hypotension.

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

- Acquired or hereditary hypercoagulable states
- Hospitalization, surgery, or trauma
- Prolonged inactivity or immobility
- 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
- **Type**
 - Septic
 - Saddle
 - Subsegmental
 - Cement
 - Fat
- **Complications (if present)**
 - Cor Pulmonale
 - Secondary pulmonary hypertension and/or right heart failure
 - Chronic respiratory failure

The Office of Inspector General (OIG) has confirmed that acute thromboembolisms are frequently over-coded in the outpatient setting. This occurs because, in ICD-10-CM, an unspecified embolism defaults to the acute code.

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

Chronic anticoagulation does not equate to a chronic embolus 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 embolus. 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](#)

Pulmonary Embolism Diagnoses

Description	Type	ICD-10-CM	HCC Model
Acute Pulmonary Embolism <u>with</u> Acute Cor Pulmonale	Septic	I26.01	CMS/HHS
	Saddle	I26.02	CMS/HHS
	Cement	I26.03	CMS/HHS
	Fat	I26.04	CMS/HHS
	Other	I26.09	CMS/HHS
Acute Pulmonary Embolism <u>without</u> Acute Cor Pulmonale	Septic	I26.90	CMS/HHS
	Saddle	I26.92	CMS/HHS
	Single subsegmental	I26.93	CMS/HHS
	Multiple subsegmental	I26.94	CMS/HHS
	Cement	I26.95	CMS/HHS
	Fat	I26.96	CMS/HHS
	Other	I26.99	CMS/HHS
Acute Obstetric Pulmonary Embolism	In pregnancy, 1 st trimester	O88.211	HHS
	In pregnancy, 2 nd trimester	O88.212	HHS
	In pregnancy, 3 rd trimester	O88.213	HHS
	In puerperium	O88.23	HHS
Chronic Pulmonary Embolism	Any	I27.82	CMS/HHS
Personal History of Pulmonary Embolism	Any	Z86.711	-

Additional Diagnoses to Consider

ICD-10-CM	Code Description	HCC Model
D68.51	Factor V Leiden mutation	HHS
D68.52	Prothrombin gene mutation	HHS
E66*	Overweight and obesity	-
I27.2*	Secondary pulmonary hypertension • Specify type if known	CMS/HHS
I27.81	Chronic cor pulmonale • Code also, if applicable, right heart failure (I50.81*)	CMS/HHS
I48*	Atrial fibrillation and flutter • Specify type if known	CMS/HHS
I50.812	Chronic right heart failure	CMS/HHS
J96.1*	Chronic respiratory failure • Specify as with hypoxia and/or hypercapnia	CMS/HHS
Z79.01	Long term (current) use of anticoagulants	-
Z79.02	Long term (current) use of antithrombotic/antiplatelets	-
Z95.828	Presence of inferior vena cava (IVC) filter	-
Z99.81	Dependence on supplemental oxygen	-

*Additional characters needed to complete code