

# Deep Vein Thrombosis (DVT) and Pulmonary Emboli (PE) Documentation Best Practices



## Risk factors

Risk factors for deep vein thrombosis (DVT) and pulmonary emboli (PE) can include:

Risk factors	
Active cancer	Estrogen use (contraceptives or HRT)
Hospitalization, surgery, or trauma	Limited mobility
Obesity or Morbid Obesity	Age (risk increases after age 40)
Pregnancy or postpartum period	Previous DVTs and PEs
Serious medical illness	Thrombophilia (inherited or acquired)
Family history of DVTs or PEs	Smoking
Sedentary Lifestyle	

It's important to identify the location and laterality, if known, and whether acute, chronic, or historical.

## Documenting the acuity level

There are 3 levels of acuity you can document when discussing DVT and PE:

- Acute: A new and often symptomatic thrombosis and the patient is usually started on anticoagulation therapy
- Chronic: An old or established thrombosis that requires ongoing anticoagulation therapy
- Historical: A patient who no longer has a thrombosis, but is taking anticoagulation therapy prophylactically

## Documentation requirements

To ensure accurate coding of a DVT or PE, the documentation must indicate:

- The date of onset, if known.
- Classify the acuity: acute, chronic or historical.
- Document the specific location; an extremity, vessel and laterality.
- Associated symptoms including edema, tenderness, pain, skin discoloration or warmth.
- List any diagnostic test results.
- Document the treatment plan including any anticoagulation; if anticoagulation is contraindicated or can't be administered for any reason, be sure to include this in the encounter.
- Acute DVTs or PEs can't be taken from the past medical history or a problem list.
- Documenting an unspecified DVT or PE will be reported as an acute condition.

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

## Documentation examples

### Acute DVT

- HPI:** Patient is here for a follow up of their diabetes. They present today with leg pain and swelling; an ultrasound was done on the left calf.
- PE:** Vitals normal: PE normal expect left leg pain and swelling: ROS negative
- A:** **I82.4Z2 Acute embolism and thrombosis of unspecified deep veins of left distal lower extremity**  
**E11.9 Diabetes type 2 without complication**
- P:** Patient has a new acute DVT in their left lower leg. Counseled patient on risk factors; begin on Xeralto. Continue to manage diabetes with medication and diet.

Documentation tip: Per the ICD-10 guidelines, an acute DVT diagnosis was selected. This was verified through a radiological study on the date of service.

### Chronic DVT

- HPI:** Patient is here for a routine follow up of their DVT. It's been eight months since it was found. An ultrasound has been conducted on the right calf. The clot hasn't dissipated despite the patient being on medication since onset.
- PE:** Vitals normal: PE normal: ROS negative
- A:** **I82.5Z1 Chronic embolism and thrombosis of unspecified deep veins of right distal lower extremity**  
**The Z79.01 Long-term (current) use of anticoagulant**
- P:** The ultrasound done today reveals that the clot has not resolved yet. Discussed continuing medication with the patient. Instructed them to contact the PCP office if they have any concerns.

Documentation tip: Since it's been more than six months and imaging was done to verify that the clot is still present, chronic DVT is the appropriate diagnosis. The z-code for long-term use of an anticoagulant is appropriate to add to this encounter.

### History of PE

- HPI:** Patient is here for a follow up of their diabetes with hyperlipidemia. They're doing well with no reported concerns at this time.
- PE:** Vitals normal: PE normal: ROS negative
- A:** **E11.69 Diabetes Type 2 with hyperlipidemia**  
**Z86.711 Personal history of Pulmonary Embolism**
- P:** Continue medication and diabetic diet, contact if any concerns. Discussed how they are feeling since completing anticoagulant following their PE earlier this year. The patient stated they have no concerns related to their history of PE and is doing well.

Documentation tip: Even though the PE wasn't the main reason for the encounter, the provider discussed it with the patient. It's appropriate to add the history of PE diagnosis at this encounter based on this information.