

Risk Coding Tips and Tools

Deep Vein Thrombosis and Embolism

A lack of clear differentiation between acute, chronic, and historical deep vein thrombosis (DVT) in a patient's medical record frequently leads to inaccurate diagnosis coding.

Acute: A new diagnosis with initiation of appropriate treatment.

Acute focused documentation:

- Date of confirmed diagnosis
- Current symptoms (pain, redness, swelling, etc.)
- Treatment plan (imaging testing, D-dimer, anticoagulation, etc.)

Chronic: Established thrombosis requiring ongoing anticoagulation therapy.

Chronic focused documentation:

- Date of confirmed diagnosis
- Most recent results of imaging, residual clots, or vein damage
- Any residual symptoms or post-thrombotic syndrome
- Treatment plan (anticoagulation, upcoming imaging, etc.)

Historical: Thrombosis no longer present on repeat imaging, regardless of anticoagulation treatment length.

History focused documentation:

- Statement of resolved or historical diagnosis
- Prophylactic anticoagulation

Physician Documentation Example

Example 1:

Follow up – DVT after falling three months ago, anticoagulation completed, repeat ultrasound shows residual thrombus but no vein damage, continue anticoagulation for an additional three months.

Assessment: **Chronic DVT**, right leg, no pain or swelling, continue anticoagulation and repeat ultrasound in three months. 

Example 2:

Provoked DVT diagnosed eight weeks ago, anticoagulation started, no current symptoms.

Assessment: **Acute DVT**, continue anticoagulation for three-month course. 

Premera Blue Cross. (2022). *Deep Vein Thrombosis and Pulmonary Embolism: A Premera Documentation and Coding Series for Providers* (Document No. 048522). <https://www.premera.com/documents/048522.pdf>

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