

Embolism and thrombosis

Location: Deep vein thrombosis (DVT) occurs when a blood clot forms in the deep veins, usually in the legs, while PE occurs when a clot breaks off and travels to the lungs, blocking an artery.

ICD-10 documentation guidance for embolism and thrombosis

Coding active and/or current embolism and thrombosis accurately requires the documentation to note the following:

| Type of embolism or thrombosis | Pulmonary embolism (PE) | Other specified site |
|--------------------------------|---|----------------------|
| | <ul style="list-style-type: none">• Is it acute?<ul style="list-style-type: none">— With acute cor pulmonale?— Without acute cor pulmonale?• Is it a provoked or unprovoked PE?• Is it chronic? | |
| Anticoagulation treatment | Length of treatment <ul style="list-style-type: none">• If treatment is greater than three months, and there is no clear documentation of rationale for why, then assume medication is prophylaxis/preventative and code as history of.• There is only one code to utilize while under long-term treatment: Z79.0-. <i>Note: Use additional code, if applicable, for long-term (current) use of anticoagulants.</i> | |

Note: A dash (-) indicates that additional characters are required to complete the code.

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Embolism and thrombosis — Clinical documentation and coding tips

Documentation best practices

- 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.
 - I26.99 Other pulmonary embolism without acute cor pulmonale
Assessment and plan (A/P): Patient continues on an anticoagulant two months into three-month course for subsegmental PE. Asymptomatic, continue monitor international normalized ratio (INR).
 - Z86.711 Personal history of pulmonary embolism
A/P: Patient with unprovoked PE five months ago. Currently asymptomatic, normal exam will continue full six months anticoagulation.
- Code acute DVT while the patient is anticoagulated for up to six months (document duration in your note).*
 - Continue coding acute DVT past six months only if clinically appropriate.
 - I82.432 Acute embolism and thrombosis of left popliteal vein
A/P: Patient continues warfarin two months into six-month course for left popliteal DVT. Asymptomatic, continue monitor INR.
 - Z86.718 Personal history of other venous thrombosis and embolism
A/P: Patient with unprovoked DVT seven months ago. Currently asymptomatic, normal exam will continue full 12 months anticoagulation.
- Chronic DVT criteria: REPEAT radiologic studies (ultrasound, CT, etc.) confirms persistent clot > four weeks
 - Specify Chronic DVT
 - Code I82.5-
 - 5th character for Vein involved
 - 6th character for Right, Left, bilateral, or unspecified
 - Code I82.532 Chronic embolism and thrombosis left popliteal vein
 - Code Z79.01 long-term (current) use anticoagulants
 - A/P: Continued swelling, pain, DVT 6 months ago L popliteal vein.
 - Ultrasound reveals chronic DVT. Continue anticoagulation and compression stocking, refer to vascular surgery.

*Use additional code, if applicable, for long-term (current) use of anticoagulants.

Note: A dash (-) indicates that additional characters are required to complete the code.

References

- CDC: [About Venous Thromboembolism \(Blood Clots\) | Venous Thromboembolism \(Blood Clots\)](#)
- Contract-Level Risk Adjustment Data Validation Medical Record Reviewer Guidance In effect as of 03/20/2019. Yew, K.S. & Cheng, E.M. (2015).
- Optum (2025). ICD-10-CM Expert for Physicians: The Complete Official Code Set (2025)
- ICD-10-CM Official Guidelines for Coding and Reporting FY 2025; Section I.A.15