

HCC coding of deep vein thrombosis (DVT) and pulmonary embolism (PE)

Complexities in coding of DVT and PE make it an area of concern for audit. While patients may need lifelong treatment and the conditions are seen as chronic from a provider's viewpoint, ICD-10 code rules may view the condition as a "history of DVT or PE". This is significant because *acute* and *chronic* DVT or PE carry HCC coding value, while a *history of* DVT or PE does not.

The Office of the Inspector General is conducting audits on the documentation and coding of DVT and PE. They believe that DVT or PEs are being coded as *acute* and *chronic* when the event should be coded as a *history of*.

The following information should clarify when to document and code *acute*, *chronic* or *history of* DVT or PE.

- **Acute DVT or PE** = diagnosis at the time of a **new symptomatic event** with initiation, or patient refusal, of treatment.
- **Chronic DVT or PE** = diagnosis that indicates a thrombus or embolism **is still present**, and it continues to exist, even though the patient is **beyond the acute event**. Providers must document that the DVT or PE is chronic to support coding this ICD-10 code.
- **History of DVT or PE** = diagnosis that indicates the patient had a DVT or PE, and **thrombus or emboli are no longer present**. This is the appropriate diagnosis regardless of whether the patient is still receiving treatment. Use of an anticoagulant does not determine whether a DVT or PE is *acute*, *chronic* or *history of*.

Recurrent DVT or PE is not synonymous with chronic DVT or PE. While it indicates the patient has at least one prior event, the provider **must state if the event is *acute*, *chronic* or *historical*** to accurately determine ICD-10 code assignment. If not clarified, recurrent DVT or PE is coded with a *history of* diagnosis.

Documentation of DVT or PE should include the following:

- Type of event
- Site or vessel involved
- Patient signs and symptoms
- Treatment recommended or the patient's declination of treatment
- Factors contributing to the DVT or PE, including the presence of a hypercoagulable state

Security Health Plan auditors noted discrepancies in documentation within some patient records. Consider the following example.

HPI: Patient returns for follow-up of chronic conditions. He has a history of DM2 and an LLE DVT 2 years ago. Workup at that time revealed he has Factor V Leiden. He is followed by the anticoagulation center for medication management. DM under fair control with A1C of 6.8 on metformin. No current complications.

Medications:

- 1) Metformin 250mg BID
- 2) Apixaban 5mg BID

Exam:

1. CV: Heart RRR. Lungs clear
2. LE: No edema. Pedal and posterior tibial pulses present bilaterally

A/P:

- 1) DM2 – continue metformin as prescribed. Repeat A1C in 6 months.
- 2) Chronic DVT – continue apixaban and follow up with the anticoagulation center.
- 3) RTC in 6 months or sooner as needed.

This documentation is discrepant because DVT or PE is referred to as *historical* in the HPI and listed as *chronic* in the A/P. The presence of a hypercoagulable state and use of an anticoagulant do not determine the diagnosis. Diagnosis of *acute*, *chronic* or *history of* should be based upon the presence or absence of thrombus. In the above case, the DVT should be coded as a *history of DVT*, which is not associated with HCC coding.

Additional information about HCC coding is available on the providers page of the Security Health Plan website at www.securityhealth.org/providers/hcc.