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Risk Adjustment Coding Academy- Coding Focus

Deep Into Coding for DVT

Deep Vein Thrombosis (DVT) is a condition that occurs when a blood clot (*i.e.,* thrombus) forms within the deep veins of the body, typically in the legs[1]. It is a very serious condition as the blood clot can break up and travel through the bloodstream to the lungs, causing a Pulmonary Embolism (PE). When blood flow is blocked due to a PE, the decrease in oxygen levels in the blood can potentially cause organ damage.

Symptoms of DVT

The most common symptom of DVT is swelling in the affected leg, as well as pain in the calf area, which has been described as soreness or cramping. Rarely, there is swelling in both legs. DVT can also occur without any symptoms at all.

PE is a concerning complication of DVT, as it can be fatal. Warning signs of PE include[2]:

- Sudden onset of shortness of breath
- Chest pain, exacerbated by taking deep breaths
- Fainting
- Dizziness
- Hemoptysis (*i.e.,* coughing up blood)

Treatment for DVT

There are many different treatment options for DVT. Anticoagulants, commonly known as blood thinners, are used to decrease the blood's ability to clot. Anticoagulants keep clots from getting larger and helps prevent new clots from forming.

More serious clots may require the use of clot busting drugs, known as thrombolytics. These medications are administered through an IV line. As they can cause serious bleeding conditions, they are only administered in life threatening situations in the intensive care unit of a hospital.

Filters can be used in lieu of medications. Filters are surgically implanted in the vena cava and they help prevent any loose clots from lodging in the lungs. Compression stockings are used to help prevent swelling. The pressure lowers the chances that the blood will pool or clot.

DVT Coding Guidance

Coders cannot make assumptions about the nature of the patient's condition; it is essential that the medical record accurately depict if DVT is an acute, chronic, or historical condition. An acute DVT is considered to be a new thrombosis, requiring the patient to start anticoagulation therapy. Chronic DVT is an old or established thrombus, requiring the patient to remain on anticoagulation medications. There are also instances where a patient has a history of DVT. In order to reduce the risk of a reoccurrence, the patient is taking medication prophylactically.[3]

According to AHA Coding Clinic, "Query the physician for clarification whether the Coumadin is being given prophylactically to prevent recurrence of DVT or as treatment for chronic DVT. The patient may not have active disease but is being managed because of susceptibility for recurrence. Unfortunately, "history" as used in physician documentation can be a vague term that can have different meanings. According to the Official Guidelines for Coding and Reporting, "personal history codes explain a patient's past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence, and therefore may require monitoring."'[4]

Proper documentation should specify not only the acuity and severity of DVT, but also the site including laterality. ICD-10 (Category I82, HCC 108) now includes specific codes that are dependent upon this added level of documentation.

1. Mayo Clinic website: Deep vein thrombosis (accessed March 2016): mayoclinic.org
2. Medline Plus website: Pulmonary Embolism (accessed April 2016): medilineplus.gov/pulmonaryembolism.html
3. For the Record: Coding for Acute and Chronic DVT and PE. (September 2011). fortherecordmag.com
4. AHA Coding Clinic, Q1, 2011, History of DVT on Coumadin Therapy