START SMART CODING TIP

Deep Vein Thrombosis

Coding deep vein thrombosis — acute vs. chronic, site & status

KEY CODE

Z86.718 · Hx of venous thrombosis

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Empowering Better Health

DECISION MAKING

Deep Vein Thrombosis

Three factors drive correct DVT code assignment

ACUTE VS. CHRONIC

There is **no defined timeframe** that makes a DVT "acute" or "chronic." Rely on **provider documentation** for correct code assignment.

UPPER VS. LOWER EXTREMITY

Capture the **specific vein** – e.g., axillary, popliteal, renal, or inferior vena cava.

LATERALITY

Left, **right**, or **bilateral.**

COMMON PITFALLS & MISCLASSIFICATIONS

Recurrent, Chronic & Resolved

Documentation in the medical record determines the code selection – never assume

"RECURRENT" ≠ CHRONIC

Documentation stated as "recurrent" does **not** equal chronic.

"RECURRENT" → "ACUTE"

In the index, "recurrent" maps to **"acute."**

CHRONIC MUST BE STATED

To assign a chronic DVT code, documentation **must explicitly state "chronic."**

DOCUMENTATION DISCIPLINE

DVT codes must be fully supported by **clear documentation.** **Never assume** – query the provider whenever possible.

RESOLVED OR "HISTORY OF"

Z86.718

When a DVT is **completely resolved**, or the provider documents **"history of DVT,"** assign **Z86.718** – personal history of other venous thrombosis and embolism.

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