Documentation and Coding:
The Breakdown of Coding Pulmonary Embolism
CMS-HCC_V28 Model Updates

healthfirst®
Health Insurance for New Yorkers

September 2023

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and **ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, on services submitted to Healthfirst—specifically for **Pulmonary Embolism**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Pulmonary embolism may be an acute event or chronic condition, **not based on timeframe**, but on provider documentation. It is classified based on the type of embolus, which includes septic, saddle, or other or unspecified type.

I26.0*-Pulmonary embolism with acute cor pulmonale

I26.9*-Pulmonary embolism without acute cor pulmonale

I27.82-Chronic pulmonary embolism

Infarction

Embolus in lungs
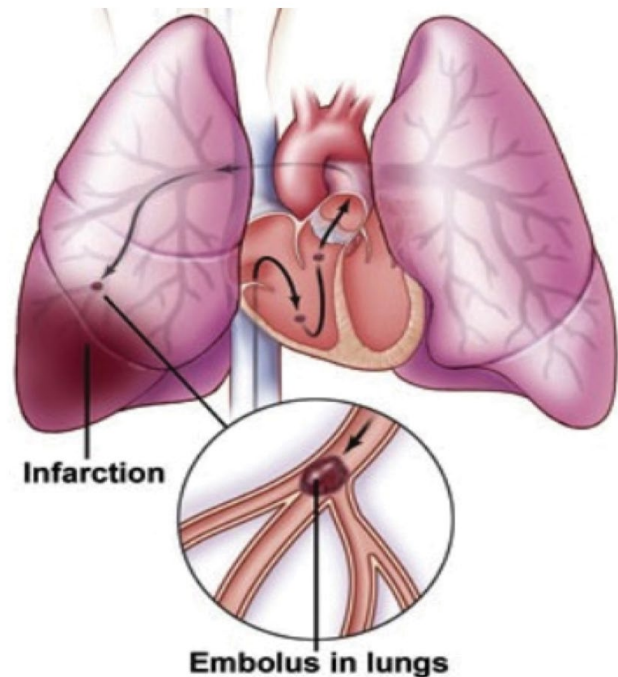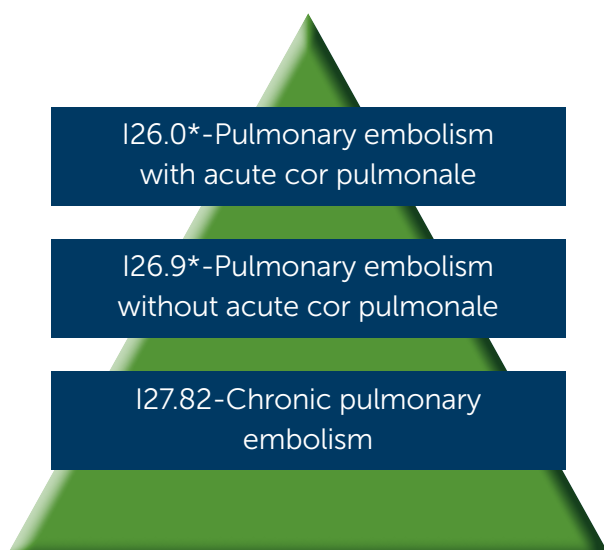
*Requires an additional digit to complete the diagnosis code.

The Breakdown of Coding Pulmonary Embolism

Clinical Documentation Should Include:

- Updated status of condition (stable, improved, and/or worsening)

- **Hypercoagulable State (D68*)** is evaluated by coagulation study, ESR, hypercoagulability panel, genetic study, and immunology study

- Medication (anticoagulants), purpose of anticoagulant therapy, and length of treatment

- D-dimer Test, echocardiography or pulmonary angiography confirming diagnosis of pulmonary embolism

- Assign **Z79.01**, long-term (current) use of anticoagulants if pertinent

- Patient may be treated with anticoagulant to treat other (acute) pulmonary embolism **(I26.99)** or personal history of pulmonary embolism **(Z86.711)**

Clinical Documentation Examples:

- Assessment/Plan (A/P): Patient continues warfarin two months into three-month course for subsegmental pulmonary embolism. Asymptomatic, continue to monitor INR.
  - **I26.99** - Other pulmonary embolism without cor pulmonale (often documented as acute pulmonary embolism, unspecified)

- Assessment/Plan (A/P): Patient with unprovoked pulmonary embolism five months ago. Currently asymptomatic, normal exam will continue full six months anticoagulation.
  - **Z86.711** - Personal history of pulmonary embolism

- Assessment/Plan (A/P): Patient comes into clinic for a regular anticoagulation management visit. She/he had pulmonary embolism six months ago and has no evidence of pulmonary embolism on ultrasound.
  - **Z79.01** – Long-term (current) use of anticoagulants
  - **Z86.711** – Personal history of pulmonary embolism. The primary reason for a visit is warfarin management. Pulmonary embolism is historical.

Questions?

Contact us at **#Risk_Adjustments_and_clinical_Documentation@healthfirst.org**.

For additional documentation and coding guidance, please visit the Coding section at **HFproviders.org**.

References

- **ICD-10-CM Official Coding Guidelines, FY 2024**

- **Coding Clinic Advisor**