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 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.

This tip sheet will offer guidance on how to submit diagnosis codes with greater specificity for coding pulmonary embolism. 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

*Requires an additional digit to complete the diagnosis code.
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:

- **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)
- **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
- **A/P:** If patient has history of pulmonary embolism and lupus anticoagulant syndrome, patient is on anticoagulant therapy, continue to monitor INR.
  - D68.62 - Lupus anticoagulant syndrome and personal history of pulmonary embolism (Z86.711)
- **A/P:** If patient has chronic pulmonary embolism and is in hypercoagulable state or coagulation defect, patient is on anticoagulant therapy, continue to monitor INR & ESR.
  - D68.59 - Primary hypercoagulable state NEC or coagulation defect (D68.69) and chronic pulmonary embolism (I27.82)

Questions?

Contact us at [#Risk_Adjustments_and_clinical_Documentation@healthfirst.org](mailto:#Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

For additional documentation and pulmonary embolism coding guidance, please visit the Coding section at [hfproviders.org](http://hfproviders.org).

Reference: EncoderPro.com: CodingClinic.com

*Requires an additional digit to complete the diagnosis code.
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