

A Deep Vein Thrombosis (DVT) is a blood clot, or thrombus, that forms in a deep vein of the body. Most DVTs occur in the lower leg or thigh. The most common treatment for DVTs is anticoagulation therapy. The main goal of treatment is to prevent the DVT from getting bigger, prevent the clot from breaking off and traveling to the lung, and reduce the chance of having another clot form.

A pulmonary embolism (PE) is a sudden blockage in a lung artery. The blockage is usually caused by a blood clot that travels from a vein in the leg to the lung. Treatment options include blood thinners, medications to dissolve the clot and surgery. The main goal of treatment is to prevent the PE from getting any bigger and to keep new clots from forming.

Deep venous thrombosis (DVT) and pulmonary embolism (PE) are significant manifestations of venous-thromboembolism (VTE). It has been estimated that recurrence is likely to occur within ten years for one third of patients who have had VTE.

Documentation Tips:

- **Acuity**
 - **Acute**
 - Acute PE – new and symptomatic thrombosis at the initiation of anticoagulation therapy for up to three months
 - Acute DVT – clot is less than two weeks old
 - **Subacute DVT** – clot is more than two weeks and less than six months old
 - **Chronic**
 - Chronic PE – old or established thrombosis managed with ongoing anticoagulation therapy. Clearly state whether recurrent or chronic.
 - Chronic DVT – clot is more than six months old
 - **Historical** – no longer has thrombosis or embolism, on prophylactic anticoagulant therapy
- **Site or laterality**
- **Anticoagulant therapy**
 - Length of treatment
 - Diagnostic plan, including imaging
 - Prophylaxis
 - Greater than 3 months without any documented rationale (condition resolved)
- **PE only**
 - Provoked or unprovoked
 - With or without cor pulmonale

For questions or more information, please contact:

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