Overview:
- There is lack of consensus in clinical and coding guidelines on when to classify Pulmonary Embolism as acute or chronic
- Coders must rely on the clinician’s judgement and documentation for proper diagnosis code assignment

Acute PE (I26.99)
- Should be coded when it is felt that the blood clot or fibrosis of clot is present
- Is often diagnosed within the first 3-6 months

Chronic PE (I27.82)
- Should be coded when it is felt that the blood clot or fibrosis is present
- Is often diagnosed after the first 3-6 months

History of PE (Z86.711)
- Should be coded when it is felt that the clot or fibrosis is no longer present

PEARL:
The use of and duration of anticoagulation does not help distinguish between acute, chronic or history of PE

- A patient may have contraindication or decline anticoag therapy
- A patient may be on lifelong anticoag due to history of PE to prevent recurrence

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, such as carotid artery atherosclerosis, history of atherosclerotic TIA/stroke, coronary artery disease (including severe coronary artery calcifications), or claudication symptoms are present.

- In these situations, peripheral vascular disease can be thought of as a marker of predisposition for diffuse atherosclerotic disease and its complications.

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