

Documentation and Coding: Peripheral Vascular Disease (PVD)/ Peripheral Arterial Disease (PAD)

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At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. Proper ICD-10 coding can provide a comprehensive view of a patient's overall health. This tip sheet offers guidance on how to submit a diagnosis code with greater specificity for **Peripheral Vascular Disease (PVD)/Peripheral Arterial Disease (PAD)**.

The risk factors for peripheral vascular disease are similar to those for coronary artery disease. The terms arteriosclerosis and atherosclerosis may be used interchangeably for coding and documentation purposes. When completing documentation and coding, you should keep in mind the following:

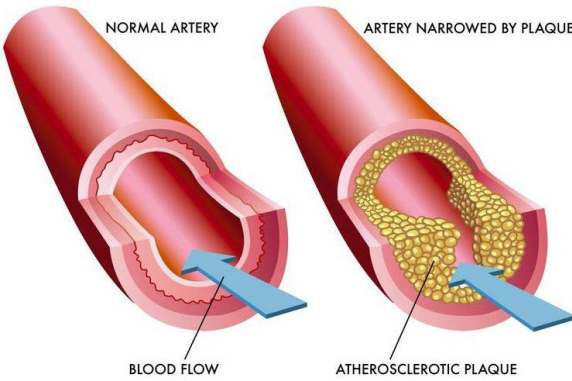
- Type of graft
- Type of bypass
- Location of vein or artery graft affected
- Complications like claudication, ulceration, or chest pain
- Laterality (left, right, or bilateral) and side(s) affected by the complicating condition
- Any educational information provided to the patient
- Treatment plan, orders, testing, prescriptions, and referrals
- Updated status of condition (stable, improved, and/or worsening)

Graft, Bypass, Location, Complications, and Laterality

Use the chart below to ensure that you are coding properly. Note that this is not an inclusive list of codes and that you are required to have six digits for your diagnosis code. The location and laterality will help determine the fifth and sixth digits for the codes.

Type of Graft		Location/Laterality			
Description of Graft	ICD-10-CM	Without Ulceration			
		Type of Complication	5th Digit	Laterality	6th Digit
Atherosclerosis of native arteries	I70.2xx				
Autologous of vein	I70.4xx	Extremities with intermittent claudication	1	Right Leg	1
Nonautologous biological	I70.5xx	Extremities with rest pain	2	Left Leg	2
Nonbiological	I70.6xx	--		Bilateral	3
Other type of bypass/graft(s)	I70.7xx	--		Other Extremity	8

Peripheral Vascular Disease (PVD)/Peripheral Arterial Disease (PAD)

Type of Graft	Location/Laterality			
<p>ATHEROSCLEROSIS</p>  <p>The diagram illustrates atherosclerosis. On the left, a 'NORMAL ARTERY' is shown with a clear lumen and an arrow indicating 'BLOOD FLOW'. On the right, an 'ARTERY NARROWED BY PLAQUE' is shown with a thick, yellowish 'ATHEROSCLEROTIC PLAQUE' buildup inside the artery, significantly narrowing the lumen. An arrow also points to the plaque.</p>	With Ulceration			
	Ulceration Location	5th Digit	Affected Area	6th Digit
	Of the right leg with ulceration	3	Thigh	1
	Of the left leg with ulceration	4	Calf	2
	Of other extremity with ulceration	5	Ankle	3
	Of the extremities with gangrene	6	Heel and Midfoot	4
	--	--	Other part of foot	5
--	--	Lower leg	8	

Source: I.B. Tagani, 'Atherosclerosis Facts: Symptoms, Causes, Diagnosis, Treatments and Prevention', <https://www.gilmorehealth.com/atherosclerosis-facts-symptoms-causes-diagnosis-treatments-and-prevention/>, (accessed 25 May 2020).

For example:

You could code I70.631 for Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh.

Documenting for Patients with Diabetes

In addition, you should document the underlying cause and related conditions, if those are known, by using terms such as "due to," "secondary to," "associated with," and "related to." For patients with Diabetes Mellitus (DM), be sure to search for the DM-related diagnosis code and include the PVD code to create the appropriate combination code for the diagnosis.

- For diabetic patients with peripheral arteriosclerosis, peripheral vascular disease, or peripheral arterial disease, you should use a combination code for "diabetic peripheral angiopathy."
 - Include further specificity in the code to indicate whether the diabetic peripheral angiopathy is Type 1, Type 2, drug-induced, with gangrene, or without gangrene.
- Patients with arteriosclerosis, coronary artery disease, cardiomyopathy, and cerebrovascular disease do not need combination codes, as these conditions are not considered complications of diabetes. Combination codes can be used only when the physician clearly documents a causal relationship.

Common coding practices for PAD that providers should avoid:

- Do not include as 'current' a past peripheral vascular condition that has been resolved.
- Do not code as 'confirmed' a suspected and unconfirmed peripheral vascular disease.
- Do not describe current peripheral vascular disease as "history of" during its active state. The phrase "history of" indicates the condition is historical in nature and no longer exists; rather, code Z86.79 - Personal history of other diseases of the circulatory system.
- Do not use terms that imply uncertainty, such as "probable," "apparently," "likely," "consistent with," etc. to describe a current, confirmed, peripheral vascular disease condition.

For questions, please reach out to [@Risk_Adjustments_and_clinical_Documentation@healthfirst.org](https://twitter.com/Risk_Adjustments_and_clinical_Documentation).

References: EncoderPro (<https://www.encoderpro.com/epro/>); AHA Coding Clinic Advisor (<https://www.codingclinicadvisor.com/>). Accessed May 15, 2020.