CarePlus HEALTH PLANS

Peripheral artery disease

Risk factors, signs and symptoms, compliance education and claims

According to the National Institutes of Health, one in every 20 Americans over the age of 50 has peripheral artery disease (PAD).[1] The U.S. Preventive Services Task Force has found PAD is not diagnosed approximately 76% of the time.[2]

Risk factors for PAD[3]

- Atherosclerosis
- Obesity
- Diabetes
- Heart disease or coronary artery disease
- Advanced age
- Smoking
- High blood pressure
- Family history of PAD
- Elevated cholesterol levels or hypercholesterolemia

Signs and symptoms that may occur with PAD[3]

- Intermittent claudication, which is the most common symptom
- Diminished pulse in the legs or feet
- Arterial bruits
- Hair loss on the legs and feet
- Bluish or dusky discoloration of skin
- Ulceration and sores with poor healing
- Decreased warmth in the lower extremities
- Decreased blood pressure in the affected limb

Medicare covers PAD testing when the following three criteria are met:

- The patient is symptomatic or has a previous PAD diagnosis;
- The PAD testing is accompanied with a physical examination, which is performed during an evaluation and management (E/M) service, and may be accompanied by an Annual Wellness Visit; and
- A paper readout of the diagnostic testing performed is included in the medical record.

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Documentation and coding tips

- Presence of an asymptomatic patient
  - Two-thirds of patients with PAD are asymptomatic
  - A patient who may appear asymptomatic may nevertheless have risk factors for PAD, such as the absence of pulses in the ankle. Based on the physician's evaluation during the face-to-face visit, the physician may diagnose the patient with PAD and see the need for intervention. Such intervention may include the steps outlined below:
    - Examine and, if applicable, diagnose PAD with a physical exam (e.g., ankle pulse).
    - To confirm the diagnosis, perform a diagnostic readout test, which is required for coverage of PAD testing by Medicare.
    - As applicable based on the physician's examination, document a PAD diagnosis through the use of complete and accurate diagnosis documentation and coding to the highest level of specificity. Document PAD to the highest level of specificity by including all of the following, if applicable:
      - Site – Left leg, right leg or bilateral legs
      - Type of artery or vein – Native, bypass, autologous
      - All complications and manifestations – Pain at rest, intermittent claudication, ulceration, gangrene
    - Create a treatment plan for a positive diagnosis; and
    - Submit a claim for diagnostic testing (Current Procedural Terminology [CPT®] 93922 or 93923)
      - 93922 – Limited bilateral study noninvasive physiologic studies on upper or lower extremity arteries
      - 93923 – Complete bilateral study noninvasive physiologic studies on upper or lower extremity arteries

- E/M code for physical examination accompanied with PAD-related diagnosis
  - A face-to-face encounter is required to determine the medical necessity for the PAD testing. A face-to-face encounter with a physical examination includes E/M codes, such as a new or established office visit (e.g., 99201 – 99205 and 99211 – 99215) or an age-appropriate preventive medicine service (e.g., 99395 – 99397), which may be accompanied by an Annual Wellness Visit (e.g., G0438 or G0439).

- Patient cost-share is not incurred when testing is carried out by the patient's primary care physician (PCP) during an Annual Wellness Visit/Annual Physical. Testing carried out during any other PCP visit will not incur a patient cost-share unless the patient plan requires a PCP visit copay. Testing by a specialist can incur a patient cost-share.

- Use of a 59-modifier for separate reimbursement
  - When it is determined that the PAD screening is a separately identifiable service, a 59-modifier can be used for separate payment.
    - Please review "Modifiers 59 and X {EPSU} Tip Sheet" for details before using this modifier.

- Once diagnosed, assess year-over-year and document its presence, status and treatment. Do not document the current disease as "history of" (H/O) in the absence of active treatment.

* The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

References:

1. U.S. Department of Health and Human Services, National Institute of Health; https://search.usa.gov/search?affiliate=nhlbi_nhlbi_prod&commit=Search&page=1&query=pad&utf8=%E2%9C%93, 8/26/19.

2. U.S. Preventive Services Task Force; https://www.uspreventiveservicestaskforce.org/uspstf/search_results?searchterm=Final%20Recommendation%20Statement%20-%20Peripheral%20Arterial%20Disease, 8/26/19.

3. "2016 AHA/ACC Guideline on the Management of Patients With Lower Extremity Peripheral Artery Disease: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines," Circulation, ahajournals.org, https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000470, 8/26/19.