



## Clinical Overview

### Definition

Peripheral vascular disease (PVD) is a systemic disorder that involves the narrowing of peripheral blood vessels (vessels situated away from the heart or the brain). This happens as a result of arteriosclerosis, or a buildup of plaque, and can happen with veins or arteries.<sup>1</sup>

Peripheral artery disease (PAD) is often used interchangeably with the term “peripheral vascular disease (PVD).” The term “PAD” is recommended to describe this condition because it includes venous in addition to arterial disorders. PAD stems from structural changes in the blood vessels resulting from fatty buildup (atherosclerosis) in the inner walls of the arteries. These deposits hinder and block normal blood flow.<sup>2</sup>

PVD includes PAD. PAD does not include PVD. PAD mainly affects the arteries of the arms, legs, kidneys and stomach, but usually begins in the legs.

### Causes and risk factors<sup>3</sup>

- Atherosclerosis
- High cholesterol, heart disease, high blood pressure, hypertension
- Family history of PAD, heart disease or stroke

### Signs and symptoms<sup>4</sup>

- Intermittent claudication-cramping in one or both of their lower legs when they are active but not when they rest
- Diminished pulses in legs or feet
- Changes in the skin color or temperature, hair loss, or wounds that don’t heal on the legs and feet
- There may be no symptoms

### Diagnostic tools<sup>4</sup>

- Medical history and physical exam
- Angiography of the legs
- Ankle/brachial index, or ABI, Doppler ultrasound exam of an extremity, magnetic resonance angiography or CT angiography
- Plethysmography (QuantaFlo)

### Treatment<sup>4</sup>

- Stop smoking, diet management, exercise and weight control
- Management of underlying conditions
- Surgery (e.g., angioplasty)



# Best documentation practices for healthcare providers

## Subjective

- The HPI sets the background for the patient's presenting problem, from when first diagnosed until this encounter.
- May include Review of Systems (ROS), Past, Family, and/or Social History (PFSH), Active Problems List.
- Document the presence or absence of any current symptoms related to PVD/PAD (e.g., pain, cold extremities, intermittent claudication, etc.).

## Objective

Document any objective data to include any current associated physical exam findings (diminished pulses, hair loss, skin discoloration, ulcerations, etc.) and related diagnostic testing results.

## Assessment/impression

- Describe the diagnosis to the highest level of specificity, including cause, site/location, current status, any known complications.
- State the cause of PVD/PAD, if known, using terms that clearly show cause and effect (such as "associated with," "due to," "secondary to," "diabetic," etc.).
- When documenting occlusive peripheral arterial disease, specify the cause of the occlusion (e.g., atherosclerotic, thrombotic, embolic, external compression).

## Plan

- Document a clear and concise treatment plan, linking related medications (e.g., anticoagulants, pain relievers, vasodilators) to the diagnosis.
- Include orders for diagnostic testing, specialist referral(s) or consultation requests.
- Address any additional steps being taken to treat the patient.<sup>5</sup>



## ICD-10-CM coding tips

### Atherosclerosis of the native arteries of the extremities

ICD-10-CM codes **I70.20** - through **I70.26** - are listed in order of priority; and the codes are hierarchical – meaning the higher-level codes include the conditions of the lower-level codes. For example, if the patient has atherosclerosis of native arteries with ulceration and gangrene, only a code from subcategory I70.26- is assigned, as this code includes both gangrene and ulceration.

### Diabetic peripheral vascular disease

- ICD-10-CM Official Guidelines for Coding and Reporting Section I.A.15. "With" advises: Conditions that appear in the alphabetic index as indented subterms under the various types of "Diabetes > with" are coded as diabetic complications, even in the absence of physician documentation explicitly linking them, unless the documentation clearly indicates these conditions are not caused by diabetes.
- Peripheral arteriosclerosis is a type of peripheral angiopathy.<sup>6</sup> When a medical record documents peripheral arteriosclerosis in a diabetic patient assign code **E11.51**, Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene, along with an additional code from subcategory **I70.2** -, Atherosclerosis of native arteries of extremities, to fully capture the patient's condition when the documentation provides specificity about the atherosclerosis such as laterality, affected vessel as well as additional manifestations of the disease (i.e., claudication, rest pain, etc.).<sup>7</sup>

- ICD-10-CM does not presume a cause-and-effect relationship between diabetes mellitus and coronary artery disease, cardiomyopathy or cerebrovascular disease.

## Combination codes

According to the ICD-10-CM Official Guidelines for Coding and Reporting (I.B.9.), "Multiple coding should not be used when the classification provides a combination code that clearly identifies all of the elements documented in the diagnosis. When the combination code lacks necessary specificity in describing the manifestation or complication, an additional code should be used as a secondary code."<sup>7</sup>

- It is inappropriate and incorrect to also assign code **I73.9** Peripheral vascular disease, unspecified because a) combination code **E11.51** fully identifies both diagnostic conditions involved; and b) peripheral vascular disease is not unspecified, rather, it is specified as diabetic peripheral vascular disease.<sup>8</sup>

## Additional reminders

- Remember that peripheral vascular disease refers to locations outside the brain, carotid arteries and heart.
- PVD, PAD and intermittent claudication all code to **I73.9**.
- An additional code is used, if applicable, to identify chronic total occlusion of artery of extremity (**I70.92**).
- "Peripheral vascular disease" is synonymous with peripheral angiopathy.
- When symptoms or physical exam findings are present such as rest pain, ulceration, claudication, etc. code to the highest level of specificity based on the documentation.



## Coding examples

Example 1	
<b>Medical record documentation</b>	<p>72-year-old male presents for follow-up of type 2 diabetes, hyperlipidemia and peripheral vascular disease. Reports stable symptoms, adheres to medication regimen.</p> <p>Physical exam:            General: Alert, oriented, in no acute distress            Cardiovascular: Regular rate and rhythm, no murmurs            Extremities: Diminished peripheral pulses, no ulcers, mild skin discoloration lower legs</p> <p>Impression: Type 2 diabetes mellitus, controlled            Hyperlipidemia, at goal            Peripheral arterial disease, stable            Plan: Continue current medications. Follow-up &amp; repeat labs in 3 months</p>
<b>ICD-10-CM codes</b>	<ul style="list-style-type: none"> <li>• <b>E11.51</b> Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene</li> <li>• <b>E78.5</b> Hyperlipidemia, unspecified</li> </ul>
<b>Comments</b>	It is inappropriate and incorrect to also assign code <b>I73.9</b> Peripheral vascular disease, unspecified because a combination code <b>E11.51</b> fully identifies both diagnostic conditions involved <sup>8</sup>

Example 2	
<b>Medical record documentation</b>	<p>65-year-old female presents for evaluation of bilateral lower extremity pain upon ambulation. Symptoms have gradually worsened over several months and are described as cramping in the calves, occurring after walking approximately one block and resolving with rest.</p> <p>Physical exam: Bilateral lower extremities cool to touch, diminished hair growth, mild skin discoloration. Dorsalis pedis and posterior tibial pulses reduced bilaterally</p> <p>Imaging/Studies: Ankle-Brachial Index (ABI): 0.65 right, 0.62 left</p> <p>Assessment &amp; Plan: Atherosclerosis of both legs and intermittent claudication. Continue current antihypertensive and statin therapy. Encouraged daily exercise as tolerated. Consider referral to vascular surgery for evaluation. Follow-up in 3 months or sooner if condition worsens.</p>
<b>ICD-10-CM code</b>	<ul style="list-style-type: none"> <li>• <b>I70.213</b> Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs</li> </ul>
<b>Comments</b>	<p>This assessment would follow ICD-10-CM Official Guidelines for Coding and Reporting Section I.A.15. "With" ICD-10-CM Coding path: Atherosclerosis - see also Arteriosclerosis&gt;Arteriosclerosis, arteriosclerotic&gt;arteries of extremities - see arteriosclerosis, extremities&gt;extremities (native arteries)&gt;leg&gt;bilateral&gt;with&gt;intermittent claudication <b>I70.213</b></p>

Example 3	
<b>Medical record documentation</b>	<p>68-year-old patient with longstanding type 1 diabetes mellitus presents with increasing rest pain in bilateral lower extremities over the past week. Pain is persistent, worse at night, and partially relieved by dangling legs over the side of the bed.</p> <p>Physical exam: Vascular: Bilateral lower extremities cool to touch, decreased hair growth, thin skin Pulses: Dorsalis pedis and posterior tibial pulses markedly diminished bilaterally</p> <p>Assessment: Chronic atherosclerotic peripheral arterial disease of native arteries of bilateral lower extremities with rest pain due to diabetes mellitus type 1. Continue insulin therapy. Refer to vascular surgery for further evaluation and consideration of revascularization</p>
<b>ICD-10-CM codes</b>	<ul style="list-style-type: none"> <li>• <b>E10.51</b> Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene</li> <li>• <b>I70.223</b> Atherosclerosis of native arteries of extremities with rest pain, bilateral legs</li> </ul>
<b>Comments</b>	<p>This coding example documents a more specific diagnosis of "chronic atherosclerotic peripheral arterial disease of native arteries of bilateral lower extremities with rest pain due to diabetes mellitus Type 1."</p> <p>The appropriate code for the type of diabetes mellitus with diabetic peripheral angiopathy is assigned, along with an additional code from subcategory <b>I70.2-</b>, Atherosclerosis of native arteries of extremities, to fully capture the patient's condition.<sup>7</sup></p>

## References

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