

Documentation and Reporting Vascular Disease

DOCUMENTATION TIPS

Document vascular disease as an active or known condition, or a condition the patient has had for years. Avoid the use of “history of” to describe the current status. Document and report the highest level of specificity for the current office visit by identifying:

- **Condition** – peripheral arterial/vascular disease, atherosclerosis, stricture of artery, claudication
- **Site** – extremities, aorta, renal, pulmonary, artery, carotid, coronary, etc.
- **Manifestations:** – occlusion, intermittent claudication, rest pain, ulcer or gangrene
- **Comorbidities** – diabetes, alcoholism, obesity, hypertension, dyslipidemia

Vascular Disease (not an all-inclusive list)

ICD-10-CM Code	Description
I70.0	Atherosclerosis of aorta
I70.1	Atherosclerosis of renal artery
I70.20-	Atherosclerosis of native arteries of extremities
I70.21-	Atherosclerosis of native arteries of extremities with intermittent claudication
I70.22-	Atherosclerosis of native arteries of extremities with rest pain
I70.23- - I70.25	Atherosclerosis of native arteries of extremities with ulcer (Document and report the site and severity of the ulcer)
I70.26-	Atherosclerosis of native arteries of extremities with gangrene
I73.9	Peripheral vascular disease Intermittent claudication Peripheral angiopathy NOS Spasm of artery

The sixth character identifies the affected leg(s): 1 = right leg; 2 = left leg; 3 = bilateral legs; 8 = other extremity; 9 = unspecified extremity

Atherosclerosis of a bypass graft of the extremities is identified by the 4th character:

- 3 = unspecified type of bypass graft
- 4 = autologous vein bypass graft
- 5 = nonautologous biological bypass graft
- 6 = nonbiological bypass graft

Radiology Findings

Reporting conditions identified in radiology results requires the provider to document results in the progress note, including evaluation, assessment or treatment of atherosclerosis of the aorta or renal artery.

Non-Pressure Chronic Ulcer of Lower Limb(s)

Documentation of chronic ulcers requires specificity to report the condition correctly, including:

- **Site** – thigh, calf, foot, ankle, leg,
- **Severity** – breakdown of skin, fat layer exposed, necrosis of muscle and/or bone
- **Laterality** – right, left, bilateral

Documenting and Reporting Vascular Disease Complicating Diabetes

A causal relationship exists between diabetes mellitus and peripheral arterial/vascular disease and atherosclerosis of the lower extremities. Report the diabetic complication when both conditions are assessed on the same date of service.

Diabetic PVD: document the presence of gangrene when appropriate. Report the correct code that is supported by the documentation:

E11.51 Type 2 diabetes mellitus with peripheral angiopathy without gangrene

Diabetes and atherosclerosis of the lower extremities: document the leg(s) affected by atherosclerosis. Report the diabetic complication as well as the atherosclerosis of the lower extremities:

E11.51 Type 2 diabetes mellitus with peripheral angiopathy without gangrene

I70.209 Unspecified atherosclerosis of native arteries of extremities, unspecified extremity

DOCUMENTATION AND CODING EXAMPLE

Patient presents with ulcer of left calf with fat layer exposed, due to atherosclerosis of lower extremity. Referral to wound care. Follow-up in five days.

I70.242 Atherosclerosis of native arteries of left leg with ulceration of calf

L97.222 Non-pressure chronic ulcer of left calf with fat layer exposed



HEDIS: Detailed information about measures related to atherosclerosis, cardiovascular disease and statin therapy is available through your Passport/Molina Quality Representative.

According to the ICD-10-CM Official Guidelines for Coding and Reporting FY2022: “A dash (-) at the end of an alphabetic index entry indicates that additional characters are required.” Refer to the tabular to verify that all characters are assigned to complete the diagnosis code.