Clinical documentation improvements and general coding tips: Vascular claudication vs. Atherosclerosis/Arteriosclerosis

Coding Peripheral vascular disease (PVD)/Peripheral artery disease (PAD) accurately requires the documentation to note the following:

- If member has PVD or PAD (I73.9) this should be documented instead of venous insufficiency (I87.2).
- E11.51 Diabetes type II with PAD/PVD. I73.9 does NOT need to be coded.
- Code I73.89 “Other PVD” is for specified but RARE conditions.

Coding Atherosclerosis/Arteriosclerosis:

- Atherosclerosis of the aorta (vessel, I70.0) has a different code than atherosclerosis of the aortic valve (I35.X, Nonrheumatic aortic valve disorders).
- Always document to the highest specificity and severity:
  - I70.20 atherosclerosis native* extremity artery, unspecified to I70.21* with intermittent claudication
  - I70.22* with rest pain – 1 = Rt leg; 2 = Lt leg; 3 = Bilat legs; 4 = Unspecified
  - I70.23* with ulceration right leg (must specify ulcer location)
  - I70.24* with ulceration left leg (must specify ulcer location)
  - 1 = Ulcer thigh; 2 = Ulcer calf; 3 = Ulcer ankle; 4 = Ulcer heel/mid-foot; 5 = Ulcer Other Part of Foot; 8 = Ulcer other part lower leg

*Note: ICD-10 guidelines have an “Excludes” 1 for coding 173.9 and 170.2*-170.7*

- When coding atherosclerosis of native arteries with ulceration, the additional code for the severity of ulcer must be added. (L97.-)

- Arteriosclerosis codes are now set to include chronic limb-threatening ischemia or critical limb ischemia (CLI). CLI is an advanced stage of arterial occlusive disease of the limbs, often referred to as end-stage or terminal stage.

- For atherosclerosis of “grafted” arteries, the fourth digit changes from 2 to 7, depending on graft type.

For accurate reporting of ICD-10-CM diagnosis codes, the documentation should describe the patient’s condition, using terminology which includes specific diagnoses as well as symptoms, problems, or reasons for the encounter.

References

ICD-10-CM: Arteriosclerosis Index Additions and Tabular Note Revisions Highlight Your Cardiology Changes for 2021
Independence Blue Cross coding and documentation education materials are based on current guidelines, are to be used for reference only, and are not intended to replace the authoritative guidance of the ICD-10-CM Official Guidelines for Coding and Reporting as approved by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare & Medicaid Services (CMS), and the National Center for Health Statistics (NCHS). Clinical and coding decisions are to be made based on the following:

1. The independent judgment of the treating physician or qualified health care practitioner.
2. The best interests of the patient.
3. The clinical documentation as contained in the medical record.