

## Clinical documentation improvements and general coding tips: Vascular claudication

Coding PVD/PAD accurately requires the documentation to note the following:

- Atherosclerosis of the aorta (vessel, I70.0) has a different code than atherosclerosis of the aortic valve (I35.X).
  - Document the section of the aorta such as “atherosclerosis of the abdominal aorta” (I70.0), to ensure proper code assignment.
- If member has PVD or PAD (I73.9) this should be documented instead of venous insufficiency (I87.2).
- **Document to the highest specificity and severity.**
  - I70.20 atherosclerosis native\* extremity artery, unspecified
    - I70.21\* w intermittent claudication
    - I70.22\* with rest pain
  - 1 = Rt leg; 2 = Lt leg; 3 = Bilat legs; 4 = Unspec
    - 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
- E11.51 Diabetes type II with PAD/PVD (no need to add code I73.9)
- Code I73.89 “Other PVD” is for specified but RARE conditions.

*\*For atherosclerosis of “grafted” arteries, the fourth digit changes from 2 to 3, 4, 5, 6, or 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.

*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.*