

Clinical documentation improvements: Peripheral Vascular Disease (PVD)/Peripheral Arterial Disease (PAD) and Atherosclerosis/Arteriosclerosis

PAD is defined as atherosclerotic occlusive arterial disease of the lower extremities, including arteries distal to the aortic bifurcation.

A diagnosis of peripheral vascular disease (**PVD**) or peripheral arterial disease (**PAD**) should always be accurately reported.

- Statements such as “peripheral arterial disease (PAD),” “peripheral vascular disease (PVD),” “intermittent claudication,” and “spasm of artery” all default to unspecified PVD (I73.9) in the tabular list of the ICD-10-CM coding book.
- Per ICD-10-CM Guideline, I.A.9.a, code I73.89 “Other PVD” is for specified but RARE conditions.
- Documentation to support PVD/PAD diagnosis should include signs & symptoms (including, but not limited to):
 - Claudication, Pain in lower extremities, change in temperature (extremities cool to touch)
 - Decreased sensation, Abnormal pedal pulses, Change in skin color (pallor), shiny skin on the legs
 - Weak arterial pulses, Edema in lower extremities
 - Hair loss or slower hair growth on the legs, slower growth toenails

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
- Best practice: Clinical support includes documentation from chest x-rays, ultrasound, ABI, echocardiogram, and/or doppler units, etc.

| ICD code | Physician documentation |
|----------|---|
| I70.20- | atherosclerosis native arteries of extremities, unspecified |
| I70.21- | atherosclerosis native arteries of extremities with intermittent claudication |
| I70.22- | atherosclerosis native arteries of extremities with rest pain |
| I70.23-* | atherosclerosis native arteries of right leg with ulceration |
| I70.24-* | atherosclerosis native arteries of left leg with ulceration |
| I70.25- | atherosclerosis native arteries of other extremities with ulceration |
| | * Use additional code (L97.-) to report severity of the ulcer. |
| | - Use a 6th character to identify laterality and/or location: (1) right leg, (2) left leg, (3) bilateral legs, (8) other extremity, (9) unspecified extremity |

Diabetic peripheral angiopathy (PVD/PAD) and other circulatory complications:

- If the patient has PAD/PVD (or atherosclerosis of the native arteries of the extremities) and diabetes, a causal relationship can be associated even in the absence of the provider, unless documentation clearly states the conditions are unrelated¹. Document signs and symptoms of manifestation for clinical relevance.

| ICD code | Physician documentation |
|----------|--|
| E11.51 | Type 2 diabetes mellitus with peripheral angiopathy without gangrene |
| E11.52 | Type 2 diabetes mellitus with peripheral angiopathy with gangrene |

- Diabetes with other circulatory complications (E11.59) can be associated with hypertensive disorders, angina pectoris, etc. Documentation should reflect the relationship between the two diagnoses.

References

1. ICD-10CM guideline 1.A.15

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3861931/>

<https://www.healthline.com/health/peripheral-vascular-disease>

[Arteriosclerosis / atherosclerosis - Symptoms and causes - Mayo Clinic](#)

<https://www.mayoclinic.org/diseases-conditions/peripheral-artery-disease/symptoms-causes/syc-20350557>

ICD-10-CM Official Guidelines for Coding and Reporting/Diseases of arteries, arterioles, and capillaries (I70-I79)

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*

** Indicates code is from an ICD category, additional characters are needed.*

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