

# Closing Gaps & Meeting Metrics

## Coding Tips & Best Practices

May 2021

### Peripheral Vascular Disease

Peripheral vascular disease (PVD) is a broad term referring to diseases of the blood vessels outside the heart and brain. Over time, these diseases cause occlusion of the peripheral blood vessels by the following mechanisms:

- Inflammation: narrowing of blood vessels.
- Atherosclerosis (fatty deposits): blockage of blood vessels.
- Thrombus (clot) formation: blockage of blood vessels.
- Occlusion of the peripheral blood vessels results in restriction of blood flow.



### Documentation Tips

PVD is a broad, nonspecific diagnosis also known as:

- Peripheral artery disease (PAD).
- Peripheral arterial insufficiency.
- (Intermittent) claudication.
- Peripheral angiopathy.
- Spasm of artery.

All the above are coded with I73.9, Peripheral vascular disease unspecified.

Spell out the final diagnostic statement and clearly describe the specific PVD condition that is present.

Documentation Specificity	Examples
Underlying causative condition and related manifestations	Use appropriate descriptors or linking terms such as due to, secondary to, associated with, related to, etc. (e.g., atherosclerosis, stenosis)
Location of vein or artery affected	Leg, foot, heel, ankle, calf, thigh
Status of the artery	Native, bypass graft, autologous, non-autologous biological
Site/location	Specify body part or system affected (e.g., left, right or bilateral)

When documenting occlusive peripheral arterial disease, specify the cause of the occlusion (e.g., atherosclerotic, thrombotic, embolic, external compression).

If a provider prefers to document using the term PVD or PAD, it is highly recommended to include the term atherosclerosis, if appropriate. This will allow coders to capture a more specific code when an atherosclerotic process causes the condition. For example, PVD w/ atherosclerosis of native artery RLE.

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## Documentation Tips *continued*

### Supporting Documentation

Providers should document the following:

- Diagnostic test results and any clinical findings that support PVD.
- Disease status and treatment plan.
- Whether the vein/artery is native or a graft and the type of graft, if known.
- Complications such as intermittent claudication, ulceration or rest pain.
- Updated status of condition (i.e., stable, improved and/or worsening).

Include the following details when applicable:

- Risk factors (e.g., tobacco use, high cholesterol).
- Counseling provided to patient (e.g., smoking cessation).
- Co-morbidities such as hypertension (HTN), diabetes mellitus (DM) and hypercholesterolemia. Include disease status and treatment plan.

### Documentation Specificity and Coding Example

Having clear, specific documentation enables coders to more accurately code the condition.

Documentation Level	Documentation	Code
Broad	Patient has PVD with no complication	I73.9, Peripheral vascular disease unspecified
Specific	Patient has atherosclerosis of native artery bilateral lower extremities w/o complications	I70.203, Unspecified atherosclerosis of native arteries of extremities, bilateral legs

### Common Coding Practices To Avoid

- Do not include a past peripheral vascular condition that has been resolved as current.
- Do not use the phrase “history of” to describe PVD during its active state.
- The phrase “history of” indicates the condition is historical in nature and no longer exists. Instead, code: Z86.79, Personal history of other diseases of the circulatory system.
- Do not use terms that imply uncertainty, such as probable, apparently, likely, consistent with, etc., to describe a current and confirmed PVD condition.

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## Difference Between PVD, PAD and (Intermittent) Claudication



Peripheral artery disease (PAD) is a type of peripheral vascular disease (PVD). While PVD describes disorders affecting blood flow through the arteries and/or the veins, PAD refers to disorders affecting the arteries alone.

Intermittent claudication is lower limb muscle pain when walking. It is noticed when walking faster or for long distances. It usually goes away after some rest. When the pain comes back, it may take the same amount of time to go away. Intermittent claudication is the most common symptom of PAD.

PVD, PAD and intermittent claudication all code to I73.9, but they are not all the same.

- PVD and PAD are the underlying disease conditions themselves. Intermittent claudication is a symptom of PVD and PAD that is not present in all cases of PVD or PAD.
- In some cases, the symptom of intermittent claudication can decrease or even go away with treatment (even though the underlying PVD or PAD may remain).
- The terms arteriosclerosis and atherosclerosis may be used interchangeably for coding and documentation purposes.

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## Diabetic Peripheral Vascular Disease

PVD is a common complication of diabetes mellitus (DM). When PVD is caused by diabetes, the best practice is for the physician to clearly link PVD to diabetes as the cause. Both conditions must be documented and valid to capture the code.

ICD-10-CM presumes a causal relationship between diabetes and peripheral angiopathy. Code these conditions as related, even if there is no provider documentation explicitly linking them. Do not code these conditions as related only if provider documentation clearly states the conditions are unrelated.

In accordance with the “Diabetes > with” coding convention noted above, even when the medical record does not link PVD to diabetes as the cause, the linkage is presumed unless the physician specifically indicates they are not related. PVD is also synonymous with peripheral angiopathy.

### Example excerpt from the Alphabetic Index:

Diabetes, diabetic (mellitus) (sugar) E11.9  
with  
peripheral angiopathy E11.51  
with gangrene E11.52

If the patient has atherosclerosis of native arteries of extremities, use an additional code to provide other details, such as laterality and manifestations.

When the documentation provides specificity about atherosclerosis such as laterality, affected vessel or additional manifestations of the disease (e.g., claudication, rest pain, etc.), assign an additional code from subcategory I70.2-, Atherosclerosis of native arteries of the extremities. This allows documentation to fully capture the patient’s condition.

Do not document ulcers as wounds, open wounds or lesions.

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We offer live and on-demand webinars that provide details about how to support diagnoses per Centers for Medicare & Medicaid Services and U.S. Department of Health and Human Services guidelines. These courses are updated with current codes and guidelines. Each course is eligible for 1.5 continuing education unit credits.

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## References

- AHA Coding Clinic, Second Quarter ICD-10 2018, page 7, Diabetes with peripheral angiopathy
- AHA Coding Clinic Third Quarter ICD-10 2018, page 4, Diabetes mellitus with arteriosclerotic peripheral artery disease
- American Hospital Association (AHA) Coding Clinic
- American College of Cardiology; ICD-10-CM Official Guidelines for Coding and Reporting
- ICD-10-CM and ICD-10-PCS Coding Handbook
- Mayo Clinic
- Medline Plus
- WebMD

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