

ICD-10-CM Documentation and Coding Best Practices Peripheral Vascular Disease

Overview

Peripheral vascular disease (PVD) is a blood circulation disorder that causes the blood vessels outside of the heart and brain to narrow, block or spasm. This can happen in the arteries or veins. PVD typically causes pain and fatigue, often in the legs, and especially during exercise. The pain usually improves with rest.

In PVD, blood vessels narrow and blood flow decreases. This can be due to arteriosclerosis, or “hardening of the arteries,” or it can be caused by blood vessel spasms. In arteriosclerosis, plaques build up in a vessel and limit the flow of blood and oxygen to organs and limbs. As plaque growth progresses, clots may develop and completely block the artery. This can lead to organ damage and loss of fingers, toes or limbs if left untreated. It can also affect the vessels that supply blood and oxygen to arms, stomach, intestines and kidneys.

Diagnostic Testing

- **Ankle-Brachial Index** – The ABI compares blood pressure in the ankle to blood pressure in the arm. This test shows how well blood is flowing to limbs. An ABI can show whether Peripheral Artery Disease (PAD) is affecting the limbs, but it will not show which blood vessels are narrowed or blocked.
- **Doppler Ultrasound** – A Doppler ultrasound looks at blood flow in the major arteries and veins of the limbs. The results of this test can show if a blood vessel is blocked as well as the severity of PAD.
- **Treadmill Test** – A treadmill test can show the severity of symptoms and the level of exercise that brings them on. This shows if there are any problems during normal walking. An ABI test might be done before and after the treadmill test to compare blood flow in the arms and legs before and after exercise.
- **Magnetic Resonance Angiogram** – A magnetic resonance angiogram (MRA) uses magnetic and radio wave energy to take pictures of the blood vessels. An MRA can show the location and severity of a blocked blood vessel. Patients who have a pacemaker, artificial joint, stent, surgical clips, mechanical heart valve or other metallic devices in their body might not be able to have an MRA.
- **Arteriogram** – An arteriogram provides a “road map” of the arteries. Doctors use this test to find the exact location of a blocked artery. For this test, dye is injected through a needle or catheter (tube) into one of the arteries. After the dye is injected, an X-ray is taken. The X-ray can show the location, type and extent of the blockage in the artery. Some doctors use a newer method of arteriogram that uses tiny ultrasound cameras. These cameras take pictures of the insides of the blood vessels. This method is called intravascular ultrasound.
- **Blood Tests** – The provider may recommend blood tests to check for PAD risk factors. For example, blood tests can help diagnose conditions such as diabetes and high cholesterol.

Coding Concepts

PVD is also known as:

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

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

In order to code PVD to the highest level of specificity, it is important to include the following details in the medical record:

- **Cause** (e.g., atherosclerosis, stenosis)
- **Location** of vein/artery affected (leg, foot, heel, ankle, calf, thigh)
- **Status of the artery** (e.g., native, bypass graft, autologous, non-autologous biological)
- **Complications** such rest pain, intermittent claudication, ulceration (document ulcer site) or gangrene
- **Laterality** – specify left, right or bilateral

Documentation Guidance

Diagnostic Statement

“Patient has atherosclerosis of native artery bilateral lower extremities w/o complications” – I70.203, Unspecified atherosclerosis of native arteries of extremities, bilateral legs

vs.

“Patient has PVD with no complication” – I73.9, Peripheral Vascular Disease Unspecified

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.

Example: *“PVD w/ atherosclerosis of native artery RLE”*

Supporting Documentation

Providers should document diagnostic test results and any clinical findings that support PVD along with disease status and treatment plan. Providers should also 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 HTN, DM, and hypercholesterolemia, with disease status and treatment plan

Difference between PVD, PAD, & (Intermittent) Claudication

Peripheral Artery Disease is a type of **Peripheral Vascular Disease**. Peripheral Vascular Disease describes disorders affecting blood flow through the arteries and/or the veins. Peripheral artery disease refers to disorders affecting the arteries alone.

Intermittent Claudication is the most common symptom of PAD. 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.