

## FOCUS ON: PERIPHERAL ARTERIAL DISEASE (PAD)

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### WHAT IS PAD?

PAD is a serious, yet often undiagnosed disease with 50% of patients being asymptomatic.<sup>1</sup> People with PAD are at a 3.1 times higher risk for all-cause mortality and a 5.9 times higher risk for cardiovascular disease (CVD) mortality compared with patients without PAD.<sup>2</sup> Though patients with PAD are at increased risk for cardiovascular morbidity and mortality (including myocardial infarction, cerebrovascular accident, thromboembolic events and amputation) and they are less likely to be diagnosed and treated aggressively than those with heart disease.<sup>3</sup>

### SCREENING FOR PAD

The diagnosis of PAD can be made using the Ankle Brachial Index (ABI). The ABI is the ratio of systolic ankle to systolic brachial blood pressure. The pulse is detected using a Doppler. An ABI of 0.90 or less is consistent with PAD.

Screen all high-risk individuals using an ABI. PAD afflicts 29% of patients in high-risk groups. This includes all patients 70 years or older, age 50 to 69 years with at least a 10-pack-year history of smoking or age 50 to 69 years with a history of diabetes.<sup>3</sup> Additional risk factors are history of hypertension, hyperlipidemia, known atherosclerotic disease or elevated inflammatory markers such as homocysteine and C-reactive protein.<sup>1</sup>

In addition, screen for Abdominal Aortic Aneurysm (AAA) by ultrasound, a one-time-only benefit if ordered during the "Welcome to Medicare Visit" (Initial Preventive Physical Exam or IPPE), for patients with one of the following risk factors:

- Family history of AAA (Code V17.49 - Family history of other cardiovascular diseases)
- Men age 65-75 who smoked at least 100 cigarettes in their lifetime (Code 305.1 - Currently smoking; code V15.82 - Personal history of smoking)

### PRIMARY GOAL OF TREATMENT

The primary goal of treatment is to halt the overall progression of CVD. Reduction in CVD risk includes smoking cessation, achieving target BP of <140/90 unless diabetes mellitus or chronic kidney disease is present, then <130/80, achieving lipid goals with LDL <100, reducing HgA1c to < 7% in patients with diabetes, and initiation of anti-platelet medication in those with symptomatic PAD.<sup>1</sup>



September is National Vascular Disease Awareness Month

### Always Remember...

- Document the cause of the peripheral arterial disease, if known, as well as the complication (e.g. PAD due to diabetes with ulcer lower leg).
- Document arteriosclerosis as "arteriosclerosis of" and the site, "arteriosclerotic" or "arteriosclerosis with," followed by the symptom or complication (e.g. arteriosclerosis of the lower extremities with rest pain, arteriosclerosis of the lower extremities with ulceration), not the symptom or complication alone.

### Documentation and Coding Tips

- "Peripheral arterial disease," "peripheral vascular disease" and "intermittent claudication" are coded to 443.9 – Peripheral vascular disease, unspecified.
- Atherosclerosis of the native arteries of the extremities is coded based on documentation of the condition with the symptom or complication:
  - 440.20 – Atherosclerosis of the extremities, unspecified
  - 440.21 – Atherosclerosis of the extremities, with intermittent claudication
  - 440.22 – Atherosclerosis of the extremities, with rest pain
  - 440.23 – Atherosclerosis of the extremities, with ulceration\*
  - 440.24 – Atherosclerosis of the extremities, with gangrene\*
  - 440.29 – Atherosclerosis of the extremities, other
- When PAD is a manifestation of diabetes, the progress note must provide the appropriate linkage between the diabetes and the manifestation. For example, PAD due to diabetes with ulcer lower leg\*:
  - 250.70 – Diabetes with peripheral circulatory disorders, type II or unspecified type, not stated as uncontrolled
  - 443.81 – Peripheral angiopathy in diseases classified elsewhere
  - 707.10 – Ulcer of lower limbs, except pressure ulcer, unspecified

When documenting ulcers, it is important *not* to document them as "wounds," "open wounds" or "lesions".

\* If ulceration, specify location and code also 707.10-707.9.

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1 Hirsch, AT, et al. ACC/AHA 2005 Practice Guidelines for the Management of Patients with Peripheral Arterial Disease (Lower extremity, Renal, Mesenteric, and Abdominal Aortic). Circulation. 2006; 113: 1474-1547

2 Leng GC, Lee AJ, Fowkes FG, et al. Incidence, natural history and cardiovascular events in symptomatic and asymptomatic peripheral arterial disease in the general population. Int J Epidemiol. 1996;25:1172-81.

3 Hirsch, AT, Criqui, MH, et al. "Peripheral Arterial Disease Detection, Awareness, and Treatment in Primary Care". JAMA 2001;286:1317-1324.

4 World Health Organization, Professional: ICD-9-CM for Physicians-Volumes 1&2. 2010 Alexandria, VA: Ingenix, 2009.