

# INGENIX<sup>®</sup> Insider

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## FOCUS ON: PERIPHERAL VASCULAR DISEASE

Peripheral vascular disease becomes increasingly prevalent with age. As such this is a growing concern in the United States given the growing proportion of older adults. Based on a NHANES report the incidence can be as high as 15 to 17% in the population aged 70 and over.

The concern around peripheral vascular disease is several fold: Only a minority of patients may present with the classic symptoms of limb claudication or ischemia. In one study only about 11 percent of the patients with PVD presented with classic symptoms.<sup>1</sup> In another study as many as 28 percent of patients with peripheral vascular disease were found to be physically inactive sometimes due to other illness thereby precluding the development of symptoms.<sup>2</sup> There is a significant overlap of peripheral vascular disease with coronary artery disease, cerebrovascular disease and abdominal aortic aneurysms.

The risk factors for peripheral vascular disease are similar to those for coronary artery disease namely: diabetes, hypertension, hyperlipidemia, nicotine abuse and the presence of metabolic syndrome.

Based on the above, the ACC/AHA define the following categories as at risk:

- Age > 70 yrs
- Age 50 to 69 with a history of smoking or diabetes
- Age 40 to 49 with a history of diabetes and one other risk factor for atherosclerosis

Screening thus becomes an important tool to with which to diagnose peripheral vascular disease early in the "at-risk" population and take action to prevent its progression. The gold-standard has been the Ankle Brachial Index (ABI) to evaluate for peripheral arterial disease which is a non-invasive test that can be performed in the ambulatory setting. A value of = or < 0.9 is indicative of peripheral arterial disease being present.<sup>3</sup>

### Always...

- 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<sup>4</sup>

- "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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This information is for informational purposes only and does not replace the professional judgment and expertise of the individual performing coding based on numerous factors including, but not limited to, documentation in the medical record and other industry recognized coding guidance. Because codes, coding requirements and standards can and do change, the individual assigning codes is reminded to verify the accuracy, specificity, currency and acceptability of such codes and coding methods used.

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1 Hirsch AT; Criqui MH; Treat-Jacobson D; Regensteiner JG; Creager MA; Olin JW; Krook SH; Hunninghake DB; Comerota AJ; Walsh ME; McDermott MM; Hiatt WR. Peripheral arterial disease detection, awareness, and treatment in primary care. JAMA 2001 Sep 19;286(11):1317-24

2 McDermott MM; Greenland P; Liu K; Guralnik JM; Criqui MH; Dolan NC; Chan C; Celic L; Pearce WH; Schneider JR; Sharma L; Clark E; Gibson D; Martin GJ. Leg symptoms in peripheral arterial disease: associated clinical characteristics and functional impairment. JAMA 2001 Oct;286(13):1599-606

3 Norgren, L, Hiatt, WR, Dormandy, JA, et al. Inter-Society Consensus for the Management of Peripheral Arterial Disease (TASC II). J Vasc Surg 2007; 45 Suppl S:S5.

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