

Vascular disease documentation and coding

Language of documentation

Peripheral arterial disease (PAD) is more common as people get older. It affects about 8.5 million Americans over the age of 40 and those who smoke or have diabetes are at a higher risk.^{1,2} “Peripheral arterial disease (PAD),” “peripheral vascular disease (PVD),” “spasm of artery” and “intermittent claudication” are coded as **I73.9**. It is important to note that this code excludes atherosclerosis of the extremities (**I70.2- – I70.7-**). When atherosclerosis (arteriosclerosis) is diagnosed by the clinician, the progress note should state “arteriosclerosis of” and the site including laterality, “arteriosclerotic” or “arteriosclerosis with” followed by the symptom or complication (for example, arteriosclerosis of the legs with intermittent claudication bilaterally). Arteriosclerosis and atherosclerosis may be used interchangeably for documentation and coding purposes. Documentation of arteriosclerosis that lacks specificity is coded as I70.90.

ICD-10-CM codes

Atherosclerosis of native arteries of the extremities (subcategory **I70.2-**) is further classified as:

<i>Use additional code, if applicable, to identify chronic total occlusion of artery of extremity (I70.92)</i>	
I70.20-	Unspecified atherosclerosis of native arteries of extremities » 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
I70.21-	Atherosclerosis of native arteries of extremities with intermittent claudication » 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
I70.22-	Atherosclerosis of native arteries of extremities with rest pain » 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
I70.23-*	Atherosclerosis of native arteries of right leg with ulceration » Use a 6th character to identify location of the right leg: (1) thigh, (2) calf, (3) ankle, (4) heel and midfoot, (5) other part of foot, (8) other part of lower right leg, (9) right leg with ulceration of unspecified site
I70.24-*	Atherosclerosis of native arteries of left leg with ulceration » Use a 6th character to identify location of the left leg: (1) thigh, (2) calf, (3) ankle, (4) heel and midfoot, (5) other part of foot, (8) other part of lower left leg, (9) left leg with ulceration of unspecified site
I70.25	Atherosclerosis of native arteries of other extremities with ulceration » Use additional code to identify the severity of the ulcer (L98.49-)
I70.26-*	Atherosclerosis of native arteries of extremities with gangrene » Use additional code to identify the severity of any ulcer (L97.-, L98.49-), if applicable » 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
I70.29-	Other atherosclerosis of native arteries of extremities » 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

When PAD or atherosclerosis of the native arteries of the extremities is documented with diabetes, report the following combination code:

E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
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If a patient is documented as having diabetic PAD (or atherosclerosis of the native arteries of the extremities) with gangrene, report the following combination code:

E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
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**Use additional code (L97.-) to report the severity of the ulcer. These codes are used with I70.23-, I70.24-, and I70.26-, if applicable.*

Diabetic PAD and atherosclerosis of the native arteries of the extremities

ICD-10-CM presumes a causal relationship between “diabetes” with “peripheral angiopathy.” These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless documentation clearly states the conditions are unrelated. If the patient has atherosclerosis of native arteries of extremities, use an additional code to provide additional details such as laterality and manifestations.

Note: The NEC categories such as **E11.59** (Type 2 diabetes mellitus with other circulatory complications) do not apply to the “with” ICD-10-CM guideline according to AHA Coding Clinic® 4th quarter 2017. Code **E11.59** should not be used in diabetes with peripheral angiopathy for PAD of the extremities.

PVD vs. History of PVD

Atherosclerotic disease is a progressive disease. Therefore, avoid documenting “history of peripheral vascular disease” and instead consider “known peripheral arterial disease.” In support of such documentation, providers can use a Z code for patients who have had peripheral arterial bypass (Z95.828 Presence of other vascular implants and grafts) in addition to the ICD-10-CM code for PAD, **I73.9**.

Other vascular diseases

ICD-10-CM codes	Description
I70.0	Atherosclerosis of the aorta
I71.-	Aortic aneurysm
I71.4	Abdominal aortic aneurysm, without rupture (AAA)
I72.-	Other aneurysm
I74.-	Arterial embolism and thrombosis
I77.1	Stricture of artery (tortuous aorta)
I77.8-	Aortic ectasia

L97.- Non-pressure chronic ulcer of lower limb, not elsewhere classified

L97.1- Non-pressure chronic ulcer of thigh	L97.5- Non-pressure chronic ulcer of other part of foot
L97.2- Non-pressure chronic ulcer of calf	L97.8- Non-pressure chronic ulcer of other part of lower leg
L97.3- Non-pressure chronic ulcer of ankle	L97.9- Non-pressure chronic ulcer of unspecified part of lower leg
L97.4- Non-pressure chronic ulcer of heel and midfoot	

- When documenting ulcers, be sure to document the type of ulcer, site of ulcer, laterality of ulcer and severity of ulcer.
 - All ulcer code descriptors include laterality: unspecified, right, left.
 - All ulcer code descriptors include severity: limited to breakdown of skin, with fat layer exposed, with or without necrosis of muscle, with or without necrosis of bone, with other specified severity, with unspecified severity.
- When documenting ulcers, it is important *not to* document them as “wounds,” “open wounds” or “lesions.”
- When documenting non-pressure ulcers, it is important to code first any associated underlying condition, such as:
 - Any associated gangrene (**I96**)
 - Atherosclerosis of the lower extremities (**I70.23-**, **I70.24-**, **I70.33-**, **I70.34-**, **I70.43-**, **I70.44-**, **I70.53-**, **I70.54-**, **I70.63-**, **I70.64-**, **I70.73-**, **I70.74-**)
 - Chronic venous hypertension (**I87.31-**, **I87.33-**)
 - Diabetic ulcers (**E08.621**, **E08.622**, **E09.621**, **E09.622**, **E10.621**, **E10.622**, **E11.621**, **E11.622**, **E13.621**, **E13.622**)
 - Postphlebotic syndrome (**I87.01-**, **I87.03-**)
 - Postthrombotic syndrome (**I87.01-**, **I87.03-**)
 - Varicose ulcer (**I83.0-**, **I83.2-**)

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2019: “A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required.” The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2020.

Codes marked with a **+** directly after them represent new additions to the FY 2019 ICD-10-CM code classification.

Optum360 ICD-10-CM: Professional for Physicians 2019. Salt Lake City, UT: 2018.

1. Peripheral Arterial Disease (PAD) Fact Sheet. Centers for Disease Control and Prevention. https://www.cdc.gov/dhdsdp/data_statistics/fact_sheets/fs_pad.htm. Published June 16, 2016. Accessed November 1, 2018.

2. What Is Peripheral Artery Disease? Heart.org. https://www.heart.org/-/media/data-import/downloadables/pe-abh-what-is-peripheral-vascular-disease-ucm_300323.pdf. Accessed November 1, 2018.



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This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the “thought process” of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 1, 2019, the Centers for Medicare & Medicaid Services (CMS) announced that 2019 dates of service for the 2020 payment year model are based on 100% of the Centers for Medicare & Medicaid Services Announcement April 1, 2019. Website: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>

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