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ETSU Population Health: QI Weekly

Documentation and Coding Tips: Vascular disease 2

Peripheral Vascular Disease (PVD) and Peripheral Arterial Disease (PAD) are more commonly found in patients over the age of 40 with a history of smoking, diabetes or other comorbid conditions. Atherosclerotic disease is progressive so it may be better to avoid documenting "history of" to ensure that routine screenings for the patients are performed when clinically relevant.

- Screen at risk patients by reviewing vascular signs and symptoms, both verbally and with a physical exam of the lower extremities.
- Obtain an ABI or equivalent reading for patients who screen positive, are over age 65 or are over age 50 with a history of smoking, diabetes or other comorbid conditions.
- Treatment documentation of medications like statin therapy, aspirin or clopidogrel should be noted for asymptomatic and symptomatic patients.

Atherosclerosis of the extremities and other sites

- Arteriosclerosis and atherosclerosis may be used interchangeably for documentation and coding purposes (I70.-). Unspecified or generalized atherosclerosis does not map to an HCC.
- · Document the site, laterality, severity and symptoms or complications such as claudication, rest pain and ulcers.
- For aortic atherosclerosis (trace, mild, moderate, severe), clarify the condition is referring to the vessel itself and/or the aortic valve.³
- Consider documenting any clinical support from chest x-rays, kidney ureter bladder (KUBs), ultrasound, ABI and/or doppler units.

Diabetic peripheral angiopathy (PAD/PVD) and other circulatory complications

- If the patient has atherosclerosis of native arteries of extremities (I70.2-) and diabetes (E11.51), then provide details such as laterality, location, atherosclerotic symptoms such as claudication, rest pain and ulcers, as well as diabetic manifestations, if clinically relevant.
- Diabetes with other circulatory complications (E11.59), hypertensive disorders (I10 I16.-), angina pectoris (I20.-), etc., requires a
 documented causal relationship.