



HCC Coding Alternatives - Vascular Disease (Part 1)

Atherosclerotic disease is a progressive disease; therefore, avoid documenting "history of PVD," which does not map to an HCC. Instead, consider assessing the condition by performing routine screenings for patients at risk and document and code PAD/PVD when clinically relevant. For atherosclerosis, the best practice is to clearly document and code for the site, laterality, severity, and manifestation(s), such as claudication, rest pain, and ulcers. When assessed annually, these HCCs will help to increase the patient's risk score and adjust CMS' monthly payment amount to be more reflective of the patient's cost of care.

Instead of...		RAF:
Z86.79	History of PVD/PAD	0.00
I70.91	Generalized or unspecified atherosclerosis	0.00
Consider (when clinically relevant)...		RAF:
I73.9	Peripheral Vascular Disease, unspecified	0.327
I70.0	Atherosclerosis of aorta	0.327
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg	0.327
I70.202	- left leg	0.327
I70.203	- bilateral legs	0.327
I70.208	- other extremity	0.327
I70.209	- unspecified extremity	0.327
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg	0.327
I70.212	- left leg	0.327
I70.213	- bilateral legs	0.327
I70.218	- other extremity	0.327
I70.219	- unspecified extremity	0.327
If an ulcer develops due to atherosclerosis, the following combination codes are used:		RAF:
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh	1.588
I70.232	- of calf	1.588
I70.233	- of ankle	1.588
I70.234	- of heel and midfoot	1.588
I70.235	- of other part of foot	1.588
I70.236	- of other part of lower right leg	1.588
I70.239	- of unspecified site	1.588
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh	1.588
	- identify other sites using I70.24- and the appropriate 3rd decimal point (as seen with right leg)	1.588