

Atherosclerosis

It is important to accurately document and code atherosclerosis, peripheral vascular disease (PVD) or peripheral artery disease (PAD).

Atherosclerosis of Peripheral Vascular Disease/Peripheral Artery Disease

Documentation

When documenting atherosclerosis, identify:

1. Native or graft

If graft, identify as:

- Autologous
- Nonautologous biological
- Nonautologous nonbiological

2. Right, left or bilateral disease

3. Site of any complicating factors

- Intermittent claudication (do not simply document “claudication”)
- **Rest pain**
- **Ulceration** (identify specific site and ulcer depth)
- **Gangrene**

Coding Tips

- ▶ Do not assign **I73.9 (Peripheral vascular disease, unspecified)** when peripheral atherosclerosis is reported in the clinical record.
- ▶ **Atherosclerosis of the extremities** is a more specific diagnosis and should be coded using a code from **I70.221-170.269**. **If with pain, gangrene, ulceration** then use a code from **I70.321-170.369; 170.421-170.469; 170.521-170.569; 170.621-669; 170.721-769**.
- ▶ Peripheral arteriosclerosis, peripheral vascular disease and peripheral arterial disease in a diabetic patient should be linked and coded as **“Diabetic peripheral angiopathy” (E11.51 or E11.52)**.



For additional information, go to:

AlabamaBlue.com/Providers/CodingCorner

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ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO).

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