

Peripheral Vascular Disease

Once Peripheral vascular disease (PVD) is frequently underdiagnosed among seniors in the primary care setting. The incidence of PVD increases to as high as 20% in people over the age of 70 in both men and women, according to the NIH (National Institutes of Health, May 23, 2023). 50%-75% of patients with PVD also have clinically significant coronary artery disease (CAD) or cerebrovascular disease. However, CAD may be silent, in part because PVD may prevent patients from exerting themselves enough to trigger angina.

Codes and Complications:

ICD-10 Code	Complication
I70.20x	Unspecified atherosclerosis of native arteries of extremities
I70.21x	Atherosclerosis of native arteries of extremities with intermittent claudication
I70.22x	Atherosclerosis of native arteries of extremities with rest pain
I70.26x	Atherosclerosis of native arteries of extremities with gangrene
I70.29x	Other atherosclerosis of native arteries of extremities
Must specify 6th character: 1=right leg, 2=left leg, 3=bilateral legs, 8=other extremity, 9=unspecified extremity	
ICD-10 Code	Complication
I70.23x	Atherosclerosis of native arteries of right leg with ulceration *
I70.24x	Atherosclerosis of native arteries of left leg with ulceration *
Must specify 6th character (site of ulcer): 1=thigh, 2=calf, 3=ankle, 4=heel and midfoot, 5=other part of foot, 8=other part of lower leg, 9=unspecified site	
I70.25	Atherosclerosis of native arteries of other extremities with ulceration *
I73.9	Peripheral vascular disease, unspecified
* Use additional code to identify the severity of any ulcer (L97.x, L98.49x), if applicable	

Documentation tip: Once PVD has been identified any complications associated with it should also be identified.

Complication Hierarchy:

Accurate coding of atherosclerosis of the extremities requires documentation of any complications, including laterality and site when applicable. A hierarchy applies to the I70.2x code set. Only the most severe complication is required to be coded as it is inclusive of the other complications in this category.

ICD-10 Code	Complication
I70.21x	Atherosclerosis of native arteries of extremities with intermittent claudication
I70.22x	Atherosclerosis of native arteries of extremities with rest pain includes claudication
I70.23x, I70.24x, I70.25	Atherosclerosis of native arteries of extremities with ulceration includes rest pain and/or claudication
I70.26x	Atherosclerosis of native arteries of extremities with gangrene includes ulceration and/or rest pain and/or claudication
I70.92	Chronic total occlusion of artery of extremity – use additional code if this condition also exists

Diagnosing PVD:

When Ankle-brachial index is the ratio of ankle systolic BP to arm systolic BP a low (≤ 0.90) ABI indicated PVD, which can be classified as:

- Mild: 0.71 - 0.90
- Moderate: 0.41 – 0.70
- Severe: ≤ 0.40

A high index (> 1.30) can indicate noncompressible vessels and additional testing with Doppler ultrasound or measurement of BP in the first toe using a toe cuff are indicated to check for arterial stenoses or occlusions.

Nearly 20% of patients with PVD are asymptomatic. This can be because they are not active enough to trigger leg ischemia. Others present with atypical symptoms. Mild PVD often causes no signs. Moderate to severe PVD commonly causes diminished or absent peripheral pulses, hair thinning or loss and distal legs and feet may feel cool. Severe ischemia can lead to ulcers.

Documentation Requirements:

To ensure that the coding of a PVD complication and the associated manifestation is accurate, the documentation must clearly indicate a causal relationship that includes:

- Identifying the manifestation (e.g. claudication, rest pain, ulceration, etc.)
- Linking the manifestation directly to peripheral arterial disease using strong linking words including, but not limited to: due to, secondary to, in peripheral vascular disease (PVD), associated with, or PVD with.
- Addressing both the PAD/PVD and manifestation in the same encounter note with a plan of care for each.
- It is best practice to report all complications that impact your medical decision making.

Documentation Example:**Atherosclerosis of Native Arteries**

HPI: Patient is here for a follow up. They are taking medications as ordered. Patient complains of pain in the lower extremities associated with increased exertion or walking too far.

PE: Vitals: PE: WNL except for abnormal LE exam – diminished DP pulses and decreased hair growth over lower extremities; corns seen on left foot.
Labs: Last LDL 156, HDL 53, TG 220
ABI: Left – 0.65, Right – 0.37

A: **I70.213 Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs**
E78.5 Hyperlipidemia

P: Referred for supervised exercise program to include 35 – 50 minutes of treadmill walking 3 times per week. Patient is to follow therapist's instructions for an exercise-rest-exercise pattern program to increase circulation and quality of life. Instructed patient in daily preventive foot care and referred to podiatry for treatment of corns. Continue Atorvastatin as directed, recheck lipid panel in three months.