



Peripheral vascular disease (PVD) and peripheral arterial disease (PAD) are common as people get older. It affects about 6.5 million Americans over the age of 40 and those who smoke, have diabetes, or other comorbid conditions are at higher risk.

## PAD/PVD

- » Screen patients at risk for lower extremity PAD/PVD by reviewing vascular signs and symptoms (example: walking impairment, claudication, etc.) and physical examination, evaluation, and inspection of lower extremities.
- » Obtain an ABI or equivalent device (wave form Doppler) for patients who screen positive and for asymptomatic patients age 65 and older, or age 50 with a history of smoking, diabetes, and other high-risk comorbid conditions.
- » Statements such as “peripheral arterial disease (PAD)”, “peripheral vascular disease (PVD)”, “spasm of artery” and “intermittent claudication” all default to an unspecified PVD (I73.9)

## Interpreting the Ankle-Brachial Index (ABI)

ABI	Perfusion Status
< 0.90	Peripheral arterial disease
0.91 to 0.99	Borderline
1.00 to 1.40	Normal
>1.40	Concern for noncompressible arteries, association with diabetes mellitus

## 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.
- » 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 the native arteries of extremities (I70.2-) and diabetes (E11.51), then provide the details such as laterality, location, atherosclerotic symptoms as well as diabetic manifestations.
- » Diabetes with other circulatory complications (E11.59), hypertensive disorders (I110-O16.-), angina pectoris (I20.-), etc., requires a documented causal relationship

## Other vascular diseases

Findings may be incidentally noted on diagnostic reports but should be documented if clinically significant or affects the patients' care, treatment, or management, such as atherosclerosis of the aorta (I70.0), abdominal aortic aneurysm, without rupture (I71.4), stricture of artery (tortuous aorta) (I77.1), and aortic ectasia (I77.8).