Peripheral Vascular Disease

Risk Adjustment Coding Guide

Early diagnosis of peripheral vascular disease can be determined based on clinical findings. Signs and symptoms related to peripheral vascular disease that **should be documented if any are present** include:

- alopecia on legs
- claudication
- diminished pulses in legs
- ulceration and sores with poor healing on legs

For documentation and coding purposes, peripheral vascular disease (PVD) is synonymous with:

- peripheral artery disease (PAD)
- spasm of artery
- intermittent claudication

Atherosclerosis of the extremities **should be documented and coded** based on:

- cause
- site
- laterality
- status of artery (ex. native or bypass graft)
- complications or manifestations

Per coding guidelines, there is a causal relationship between diabetes and peripheral vascular disease unless they are documented as unrelated. **If diabetes contributes to PVD, then they should be linked.**

Other types of vascular disease include:

- pulmonary embolism
- deep vein thrombosis

Only the most complex level of PVD should be coded when more than one level is documented on an encounter.

Levels of PVD, from highest to lowest, include:

- atherosclerosis of extremities with ulceration or gangrene
- vascular disease **with** complications (diabetes with PVD and gangrene, pulmonary embolism)
- vascular disease **without** complications (diabetes with PVD, deep vein thrombosis)

Coding examples

Diabetes type 2 with peripheral angiopathy and gangrene	E11.52
Pulmonary embolism and deep vein thrombosis	I74.4
Diabetes type 1 with peripheral vascular disease	E10.51

Does your documentation have MEAT? (Monitor, Evaluate, Assess, Treat)

All HCC diagnoses must be documented and coded at least once per year.

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