Coding and Documentation Tips for Peripheral Vascular Disease (PVD)

The terms arteriosclerosis and atherosclerosis may be used interchangeably for coding and documentation purposes.		ICD-10-CM
PVD	PVD, peripheral arterial disease (PAD) and intermittent claudication all codes to:	I73.9
Documentation for this subcategory must include right leg, left leg, bilateral legs, other extremities or unspecified extremity to assign sixth character	• Unspecified atherosclerosis of native arteries of extremities	I70.20-
	• Atherosclerosis of the native arteries of extremities with intermittent claudication	I70.21-
	• Atherosclerosis of native arteries with rest pain	I70.22-
Report ulceration of thigh, calf, ankle, heel and midfoot, other part of foot, other part of lower left or right leg, and unspecified site	• Atherosclerosis of native arteries of right leg with ulceration	I70.23-
	• Atherosclerosis of native arteries of left leg with ulceration	I70.24-
• Atherosclerosis of native arteries of other extremities with ulcerations — include code to identify the severity of the ulcer (L98.49-)		I70.25-
Report right leg, left leg, bilateral legs, other extremities or unspecified extremity	• Atherosclerosis of native arteries of extremities with gangrene includes code/documentation to identify the severity of the ulcer (L97.-, L98.49-) if applicable	I70.26-

Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	E11.51	Required fifth and sixth characters in the blue boxes below			
		Nonpressure chronic ulcer of the lower limb, not elsewhere classified	L97.-	Nonpressure chronic ulcer of thigh	L97.1-
Type 2 diabetes mellitus with peripheral vascular disease with gangrene	E11.52	Nonpressure chronic ulcer of calf (shin)	L97.2-	Nonpressure chronic ulcer of ankle	L97.3-
Nonpressure chronic ulcer of heel and midfoot	L97.4-	Nonpressure chronic ulcer of other part of foot			L97.5-
Nonpressure chronic ulcer of other part of lower leg	L97.8-	Nonpressure chronic ulcer of unspecified part of lower leg			L97-9-
Nonpressure chronic ulcer of buttock	L98.41-	Nonpressure chronic ulcer of back			L98.42-
While documenting ulcers, be sure to document the type, site, laterality and severity of the ulcer					

PVD Documentation Tips:

- **Type 2 diabetes mellitus with circulatory complication**: Evaluation and management of both conditions must be documented to support coding and reporting.
- **Documentation of wound versus skin ulcer with ICD-10 code mapping:**
  - A **wound** is defined as a "disruption of normal anatomic structure and function" which is "further delineated into acute events 'wounds as 'a break in or damage to the skin and underlying tissue as a result of an injury (or surgical intervention)'" (2021, CMS, Response to Comments: Wound and Ulcer Care).
    - Categorization of acute wounds as superficial, open, traumatic, crush injuries, complications of grafts and surgical wounds.
      - ICD-10 codes for open or crushing wounds use "S" codes
      - ICD-10 codes for complications of surgical wounds and grafts use "T" codes
  - An **ulcer** is deemed to be chronic due to an underlying metabolic condition precluding the normal healing process (2021, CMS, Response to Comments: Wound and Ulcer Care).
    - Categorization of chronic ulcers as pressure ulcers, nonpressure ulcers, ulcerations with varicosities, atherosclerotic disease with ulceration, diabetic ulcers and ulcers secondary to osteomyelitis.
      - ICD-10 codes for nonpressure chronic ulcers use L97.- and L98.-
      - ICD-10 codes for pressure injury use L89.-

Coding Scenario:

An 80-year-old female patient presents for her annual wellness exam and was diagnosed with Type 2 diabetes mellitus in 2005. Over the last few years, her diabetes has been poorly controlled; the most recent A1C last month was 8.8%, which is above the goal of less than 7%. Chief complaint: Worsening pain and redness around the left heel in the last few weeks. Physical exam of left heel: A 3 cm in diameter ulcer with a wound bed of exposed subcutaneous fat, moderate amount of yellow slough and serosanguinous in the wound bed. Wound was flushed with normal sterile saline and silver sulfadiazine and hydrophilic foam applied to absorb wound drainage and to maintain moisture during the healing process. A wound culture and sensitivity was sent out to lab. Refer to wound specialist. Follow up in office in one month for diabetes care management.

Z00.01	**Encounter for general adult medical examination with abnormal findings**
E11.52	**Type 2 diabetes mellitus with PVD with gangrene**
L97.422	**Nonpressure chronic ulcer of left heel midfoot with fat layer exposed**
E11.65	**Type 2 diabetes mellitus with hyperglycemia**

Resources:
1. CMS Response to Comments: Wound and Ulcer Care: www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=58903&ver=6#:~:text=The%20broader%20definition%20of%20wound,split%2Dthickness%2C%E2%80%9D%20etc.
2. National Library of Medicine Wounds and Ulcers: Back to the Old Nomenclature: https://pubmed.ncbi.nlm.nih.gov/25901519/#:~:text=A%20medical%20expert%2C%20like%20a%20doctor%2C%20is,internal%20etiology%2C%20such%20as:%20*%20Venous%20hypertension
3. National Library of Medicine: Physiology, Wound Healing: www.ncbi.nlm.nih.gov/books/NBK535406/