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 **I70.2- through I70.7-**.

▶ "Intermittent claudication," alone, classifies to **I73.9 Peripheral vascular disease, unspecified**; but, when documented with atherosclerosis, a more specific diagnosis code can be reported as **I70.213 (Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs)**.

▶ 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)**.

Atherosclerosis of Renal Artery

Documentation

Atherosclerosis of renal artery may also be reported as "Renal Artery Stenosis."

Coding Tips

When Renal Artery Stenosis is reported as causative of hypertension, an additional diagnosis code should be reported as I15.0 – Renovascular Hypertension.

▶ **I15.0** – Renovascular hypertension

▶ **I70.1** – Atherosclerosis of renal artery