

ATHEROSCLEROSIS OF EXTREMITIES

- Document the type of peripheral arterial disease – atherosclerosis in native artery or bypass graft
- Specify the extremity, laterality, and presence of any current complications/manifestations of disease
- Link comorbid conditions such as diabetes, hypertension, and hypercholesterolemia

Clinical Concepts

Peripheral artery disease (PAD) predominantly describes the presence of atherosclerosis in the vasculature of the extremities. Symptoms depend upon the location and severity of the arterial stenosis or occlusion. Abnormal findings may be confirmed with diagnostic testing:

- **Ankle Brachial Index (ABI)**
 - A result ≤ 0.9 indicates PAD
- **Doppler ultrasound**
 - Identify the location and severity of PAD

Documentation Matters

History – document the date of onset, presence or absence of current symptoms, such as numbness, leg pain (at rest or with activity), decreased mobility, or cold extremities. Include the results of prior diagnostic testing and any previous medical or surgical interventions, such as angioplasty, stenting, or bypass.

Exam – document relevant physical findings. Examples may include:

- Diminished pulses
- Slow capillary refill
- Skin discoloration, atrophy, and hair loss
- Sores or ulcers

Assessment – document the type of PAD, using terms like arterial sclerosis, stenosis, or occlusion. Specify the location and/or vessel involved. Include the status (e.g. stable, worsening, improved, etc.) and link any comorbidities or complications that are present.

Plan – document the treatment or management plan and timeline for reevaluation or follow-up.

- Lifestyle modifications
- Antithrombotic and lipid-lowering therapy
- Blood-pressure and glucose control
- Surgical procedures

Coding Guidance

For accurate code assignment to occur, the following information must be documented in the progress note:

- **Site**
 - Lower or upper extremity
 - Right, left, or bilateral
- **Vessel type (if known)**
 - Native artery
 - Bypass graft
 - Autologous
 - Non-autologous biological
 - Non-biological
- **Complications/Manifestations**
 - Intermittent claudication
 - Rest pain
 - Ulceration and/or gangrene (identify ulcer site and depth)
 - Chronic total occlusion

Peripheral artery disease (PAD) is a broad term and vague diagnosis. Documentation should be as specific as possible to describe the particular type of disease and identify all related manifestations.

The terms arteriosclerosis and atherosclerosis are used interchangeably for documentation and coding purposes.

Atherosclerotic disease is progressive and does not resolve with surgery. Therefore, avoid documenting “history of” peripheral arterial disease following revascularization.

ICD-10-CM presumes a causal relationship between lower extremity atherosclerosis, diabetes, and ulcers/gangrene. These conditions should be coded as related unless documentation explicitly states they are unrelated.

An acquired absence of a lower extremity is a common associated condition that is often missed. Amputation status should be reported annually.

References

[Up to Date: Overview of lower extremity PAD](#)
[ICD-10-CM Official Guidelines for Coding & Reporting](#)

Atherosclerosis of Extremities Diagnoses

ICD-10-CM	Code Description
170.2*	Atherosclerosis of native arteries of the extremities
170.3*	Atherosclerosis of unspecified type of bypass graft(s) of the extremities
170.4*	Atherosclerosis of autologous vein bypass graft(s) of the extremities
170.5*	Atherosclerosis of non-autologous biological bypass graft(s) of the extremities
170.6*	Atherosclerosis of non-biological bypass graft(s) of the extremities
170.7*	Atherosclerosis of other type of bypass graft(s) of the extremities

Note: Codes listed below are for native arteries; 5th - 6th characters are the same for all types of atherosclerosis.

Description	Manifestation	ICD-10-CM	HCC Model	
Atherosclerosis of native arteries of the extremities	Unspecified (none)	170.20*	-	
	Intermittent claudication	170.21*	-	
	Rest pain	170.22*	CMS	
	Ulceration	Right leg	170.23*	CMS/HHS
		Left leg	170.24*	CMS/HHS
		Other extremity	170.25	CMS/HHS
	Gangrene	170.26*	CMS/HHS	
	↑ When ulceration and gangrene are present, use additional code(s) to identify the severity of ulcers (L97*, L98.49*- L98.A*)			

Additional Diagnoses to Consider

ICD-10-CM	Code Description	HCC Model
E08.51 - E13.51	Diabetes mellitus with peripheral angiopathy without gangrene <ul style="list-style-type: none"> Specify type of DM 	CMS/HHS
E08.52 - E13.52	Diabetes mellitus with peripheral angiopathy with gangrene <ul style="list-style-type: none"> Specify type of DM 	CMS/HHS
F17*	Tobacco dependence	-
I70.92	Chronic total occlusion of artery of the extremities	-
L97*	Non-pressure chronic ulcer of lower limb	CMS/HHS
Z79.02	Long term (current) use of antithrombotics/antiplatelets	-
Z79.82	Long term (current) use of aspirin	-
Z89*	Acquired absence of limb	CMS/HHS
Z95.820	Peripheral vascular angioplasty status with implant(s) and graft(s)	-
Z98.62	Peripheral vascular angioplasty status without implant and graft	-

*Additional characters needed to complete code