Vascular Disease

Vascular diseases include a range of conditions that affect the circulatory system, including arteries, veins, and lymphatic vessels. Accurate documentation and coding are essential for appropriate clinical management, risk adjustment, and reporting.

Below is a reference guide with common ICD-10 codes, descriptions, coding guidance, and documentation examples for vascular conditions:

Coding Examples - Vascular Disease

ICD-10 Code	Description	Coding Guidelines	Examples
I70.2X	Atherosclerosis of native arteries of extremities – (classified by type of vessel, by site, and by the severity).	Arteriosclerosis and atherosclerosis may be used interchangeably for documentation and coding purposes. Unspecified or generalized atherosclerosis does not risk adjust. Accurate coding depends on precise documentation of the bypass graft type, laterality, and any complications.	Upon physical examination, patient stated his left foot sometimes feels cooler than his right and decreased pulses are noted in his left ankle and foot. A duplex ultrasound confirms atherosclerosis in the native arteries of his left lower extremity.
I70.3X – I70.7X	Atherosclerosis of bypass arteries of extremities – (classified by type of vessel,	Accurate coding depends on precise documentation of the bypass graft type, laterality, and any complications. Code any associated	A patient with a history of peripheral artery disease and a femoral-popliteal bypass graft in his right leg presents with increasing claudication (pain while walking,

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	by site, and by the severity).	conditions like diabetes or hypertension that may contribute to the atherosclerosis.	relieved by rest) in that leg. Duplex ultrasound confirms significant atherosclerosis within the autologous vein bypass graft.
I73.9	Peripheral Vascular Disease	Utilize the most specific code, based on factors like the cause of PVD, the type of vessel involved, the presence of complications, and laterality. Also, when diabetes is present, consider the combined coding guidelines for diabetic peripheral angiopathy and PVD.	A patient presents with complaints of leg pain when walking short distances. The pain is relieved by rest. Physical examination reveals diminished pulses in both lower extremities. The physician should document "Peripheral vascular disease (PVD)" in the assessment.
I74.xxx	Embolism and thrombosis of arteries of extremities	Provide specific information on the location, type, and any associated conditions to ensure proper coding. Code any underlying or associated conditions such as atherosclerosis or diabetes, as these can impact patient	A patient suddenly experiences severe pain, numbness, and tingling in her left arm. Upon examination, the physician notes a significantly decreased pulse in the left radial artery and the arm is cooler to the touch compared to the right arm. A Doppler

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		care and coding assignments.	ultrasound confirms an acute embolism of the left brachial artery. Provider would code I82.622; Acute embolism and thrombosis of deep veins of left upper extremity.
I75.xxx	Atheroembolism of extremities	Provide specific information on the location, type, and any associated conditions to ensure proper coding.	A patient presents with sudden onset of excruciating pain and blue discoloration in the toes of his left foot. Physical examination reveals absent pedal pulses in the left foot and livedo reticularis on the lower leg. The patient has a history of severe peripheral atherosclerosis. Imaging studies confirm multiple small cholesterol emboli obstructing the arteries of the left lower extremity. This condition is also known as "blue toe syndrome". Provider would code I75.022; Atheroembolism of the left lower extremity.
I82.xxx	Embolism and thrombosis, veins specified	Document acute DVT while the patient is anticoagulated for up	Patient is being seen for acute deep vein thrombosis of left lower

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	and unspecified location, upper and lower extremities, laterality, severity and other embolism and thrombosis	to six months (document duration in your note). Providers can continue coding acute DVTs past six months if clinically appropriate. Please see Embolism Coding Guidelines for more information.	extremity. Warfarin started as treatment. Provider can report I82.402.
I26.xxx	Pulmonary Embolism with or without acute cor pulmonale, type, septic emboli	Code acute PE while the patient is anticoagulated for up to three months (document duration in your note). After three months, anticoagulant medication is often used for prevention only. Therefore, continue coding acute PE past three months only if clinically appropriate. Please see Embolism Coding Guidelines for more information.	Patient seen for acute pulmonary embolism without cor pulmonale. Patient will begin anticoagulation therapy. Use I26.99.
I27.82	Pulmonary Embolism (Chronic)	Document chronic DVT while the patient is on treatment and	A patient, currently on Eliquis, is seen for management of chronic pulmonary embolism.

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		anticoagulation therapy. Please see Embolism Coding Guidelines for more information.	Use both I27.82 with Z79.01.
I71.xxx	Aortic aneurysm and dissection	The documentation must be specific about the anatomical location and rupture status to allow for the most precise code selection. When faced with unspecified documentation, use the appropriate unspecified code (e.g., I71.8 for ruptured, unspecified site or I71.9 for non-ruptured, unspecified site).	A patient presents to the emergency department with sudden, severe, tearing pain in his chest that radiates to his back. He has a history of poorly controlled hypertension. Imaging confirms an acute dissection of the ascending aorta. Provider can report I71.010 - Dissection of ascending aorta.
Z86.711	Personal history of pulmonary embolism	If patient is asymptomatic and continues prophylactic medication past three months report as history of-. Please see Embolism Coding Guidelines for more information.	Patient with history of pulmonary embolism a year ago. Condition has resolved, no recurrence.

ICD-10 Code	Description	Coding Guidelines	Examples
Z86.79	Personal history of other diseases of the circulatory system	If a patient's medical history includes a resolved peripheral vascular disease with no ongoing issues document history of code. Accurate documentation in the medical record is essential for using this code.	A patient is seen for a routine wellness visit. In her medical history, the physician notes that she was previously diagnosed with peripheral vascular disease (PVD) two years ago, but it has resolved, and she is no longer experiencing any symptoms or receiving active treatment for the condition.
Z86.718	Personal history of other venous thrombosis or embolism	If patient is asymptomatic and continues prophylactic medication past six months report as history of-. Please see Embolism Coding Guidelines for more information.	Patient presents at outpatient clinic to have INR drawn. Patient has deep vein thrombosis with no evidence of recurrence on ultrasound imaging performed 7 weeks ago. Patient remains on prophylactic coumadin therapy. Use both Z86.718 with Z79.01

FAQs

What is the importance of detailed documentation in vascular disease coding?

Detailed documentation is essential for accurate coding and to support the medical necessity of services. Coders rely on clear, concise, and complete documentation, as they cannot make assumptions. This includes specifying the type, location, size, and status of any ruptures or repairs for conditions like aneurysms.

How should Deep Vein Thrombosis (DVT) be coded?

DVT codes vary based on the condition's acuteness or chronicity, along with the thrombus location. Codes like I82.401 (unspecified deep veins, right lower extremity) can be used for acute DVT, while codes such as I82.501 (chronic embolism and thrombosis, unspecified deep veins, right lower extremity) may be used for chronic DVT. If a patient has a resolved personal history of DVT, Z86.718 (personal history of other venous thrombosis and embolism) is applicable, potentially with Z79.01 for long-term anticoagulant use.

What are the key documentation requirements for carotid artery disease?

Accurate documentation is crucial for coding carotid artery disease. Documentation should specify the presence of plaque, atherosclerosis, stenosis, and/or occlusion. Correct ICD-10 assignment for carotid artery stenosis uses codes like I65.21 (right), I65.22 (left), or I65.23 (bilateral) when the laterality is documented with a specified percentage of stenosis. If not specified as due to occlusion or stenosis, I77.9 (disorder of arteries and arterioles, unspecified) may be used.

Are there specific codes for atherosclerosis of the extremities?

Yes, ICD-10 provides specific codes for atherosclerosis of the extremities (I70.2-) based on the location and specific manifestations like intermittent claudication, rest pain, ulceration, or gangrene.

How should the relationship between diabetes and peripheral angiopathy be documented?

In ICD-10-CM, diabetes and peripheral angiopathy (including arteriosclerosis, peripheral vascular disease, and peripheral arterial disease) are presumed to be related unless documentation explicitly states otherwise. Therefore, diabetic patients with peripheral angiopathy should be coded using the combination code E11.51 (Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene).

What should be avoided when documenting a patient's history of vascular disease?

It's recommended to avoid documenting "history of peripheral vascular disease" or similar phrasing when the condition is ongoing or active. Instead, use "known peripheral arterial disease" and specify the type of atherosclerosis and location if known.

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