



## Documentation and Coding Vascular Disease



Vascular disease is any condition that impacts arteries and veins, impeding blood flow. Different types of vascular disease affect 8.5 million Americans over the age of 40, according to the [Centers for Disease Control and Prevention](#). Accurately and completely coding and documenting these conditions can help **capture our members' health status**.

Below is information from the [ICD-10-CM Official Guidelines for Coding and Reporting](#) for outpatient and professional services for peripheral vascular disease, atherosclerosis, deep vein thrombosis, pulmonary embolism and vascular aneurysm.

### Peripheral Vascular Disease

According to ICD-10-CM Guideline I.A.15, the word “with” or “in” in a code title should be interpreted as “associated with” or “due to.” For example, peripheral vascular disease/atherosclerosis of lower extremity is **E11.51** Type 2 diabetes mellitus **with diabetic peripheral angiopathy** without gangrene.

This update allows an assumption of a **causal relationship between conditions** such as peripheral vascular disease and diabetes. To ensure proper coding, it's important to document if these two conditions are not related.

Peripheral Vascular Disease/Peripheral Arterial Disease	
<b>I70.2x</b>	Atherosclerosis of <b>native</b> arteries
<b>I70.3x through I70.7x</b>	Atherosclerosis of <b>bypass</b> arteries
<b>I73.89 or I73.9</b>	Other specified or unspecified peripheral vascular disease ( <b>avoid using, if possible</b> )
<b>Z86.79</b>	Personal history of other diseases of the circulatory system



## Deep Vein Thrombosis

There are no specific timelines for when deep vein thrombosis becomes chronic. Documentation should include a clinical impression of whether the condition is **acute, chronic** or **a history of**.

It's important to note **anticoagulation therapy**, but this alone won't support a diagnosis of deep vein thrombosis. It can't be assumed that therapy is either a prophylactic or therapeutic measure. For more information, see the [American Hospital Association Coding Clinic](#) 2020 Q2 page 20, and 2011 Q1 page 20.

## Pulmonary Embolism

For accurate reporting, the documentation should describe the patient's condition as well as associated problems. Like deep vein thrombosis, pulmonary embolism may be acute or chronic based on documentation, not on a timeframe.

Documentation should include whether pulmonary embolism is:

- Acute, with or without cor pulmonale
- Chronic
- Provoked
- Treated with medication

## Vascular Aneurysm

Documentation should include the initial size of aneurysm, if known, and plans for ongoing monitoring. Accurate reporting of vascular aneurysm requires the following:

- Location
- Ruptured status
- Dissecting status: Dissection occurs when the inner lining of the artery begins to separate from the rest of the arterial wall
- Surgery history status and type
  - Code **Z95.828**: Open abdominal surgery to remove aneurysm and replace with graft
  - Code current aneurysm and **Z95.828**: Endograft to reinforce existing aneurysm to prevent rupture

Deep Vein Thrombosis	
<b>I82.40x</b>	Deep vein thrombosis, not otherwise specified
<b>Z86.718</b>	Personal history of deep vein thrombosis
Pulmonary Embolism	
<b>I26.0x</b>	Pulmonary embolism <b>with</b> acute cor pulmonale
<b>I26.9x</b>	Pulmonary embolism <b>without</b> acute cor pulmonale
<b>Z86.711</b>	Personal history of pulmonary embolism
Aneurysms	
<b>I71.x</b>	Aortic aneurysm and dissection
<b>I72.x</b>	Other aneurysm
<b>Z86.79</b>	Personal history of other diseases of the circulatory system

## Tips

- Include patient demographics, such as name, date of birth and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure a credentialed provider signs and dates all documents.
- Document how each diagnosis was monitored, evaluated, assessed and/or treated on the date of service.
- Note complications with an appropriate treatment plan.
- Take advantage of the Annual Health Assessment (AHA) or other yearly preventive exam as an opportunity to capture conditions impacting member care.

## Resources

- [ICD-10-CM Official Guidelines for Coding and Reporting, Chapter 9: Diseases of the Circulatory System \(I00-I99\)](#)
- [Centers for Disease Control and Prevention, Peripheral Arterial Disease](#)