



**BlueCross
BlueShield**
of Vermont

An Independent Licensee
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Coding Tips

This is one in a series of tip sheets focusing on accurate coding for specific conditions.

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, diabetic peripheral vascular disease/ atherosclerosis of lower extremity is E11.51 Type 2 diabetes mellitus **with** diabetic peripheral angiopathy without gangrene.

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

continued on back



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.

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
- Status
 - ruptured or unruptured
 - dissecting or not
- Surgery history status and type
 - Open repair of an aneurysm should be coded to reflect the surgery, any graft if implanted, and the historical nature of the aneurysm.
 - Endovascular repair of an aneurysm should be coded to reflect the surgery, the presence of a graft or stent and the fact that the aneurysm is still present.

Questions? Contact Blue Cross Vermont Risk Adjustment at riskadjustment@bcbsvt.com or at **(802)-371-3540**.

ICD-10-CM diagnostic codes and the ICD-10-CM Official Guidelines for Coding and Reporting are subject to change. It's the responsibility of the provider to ensure that current ICD-10-CM diagnostic codes and the ICD-10-CM Official Guidelines for Coding are reviewed prior to the submission of claims. Keep in mind that none of the information included in this document is intended to be legal advice and, as such, it remains the provider's responsibility to ensure that all the coding and documentation are done in accordance with all applicable state and federal laws and regulations.