

Focus on: Peripheral Arterial Disease

September is National Vascular Disease Awareness Month

QUICK FACTS

- The overall prevalence of peripheral arterial disease (PAD) in the 65 year old age group is between 15-20%.¹
- In one study, 29% of patients who were age 50-69 with a history of cigarette smoking (more than 10 pack-years) or diabetes, or who were 70 years or older, were found to have PAD.²
- A minority of patients present with classic claudication, between 10% and 35%.³

Patients with PAD are less likely to be managed aggressively, compared to patients with cardiovascular disease.²



RISK FACTORS^{3,4}

- Cigarette smoking, which increases the risk of lower extremity PAD two to six-fold
- Diabetes, which increases the risk of lower extremity PAD two to four-fold
- Hypertension, abnormal lipid levels, elevated homocysteine or C-reactive protein
- Age 70 and older
- Coronary, carotid or renal artery atherosclerotic disease

TOOLS & RESOURCES AVAILABLE THROUGH INGENIX

- "PAD Quick Reference Guide"
- "Screening and Documentation Tool for Diabetes, CKD and PAD"

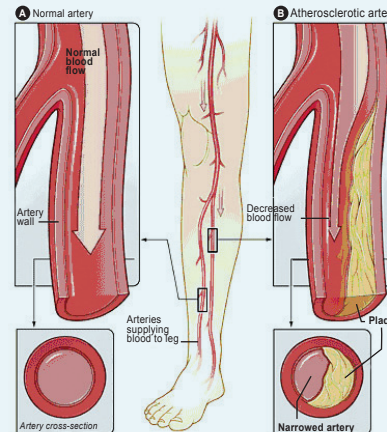
USE THE ANKLE BRACHIAL INDEX (ABI) TO HELP DETECT PAD

The ankle-brachial index (ABI) is a validated, noninvasive study that can be easily performed in primary care offices.

The ABI compares the ratio of systolic ankle blood pressure to systolic brachial blood pressure, using a Doppler for pulse detection. An ABI of 0.90 or less is considered abnormal.³

In patients with non-compressible vessels, such as individuals with long-standing diabetes or the elderly, the ABI may be normal or elevated. For some of these individuals (e.g. those with symptoms that strongly suggest PAD), other diagnostic studies may be warranted. When the ABI is > 1.30, such as with non-compressible vessels, additional studies are required to diagnose PAD.⁴

For PAD patients, reduction in CVD risk should include smoking cessation, achieving target BP and lipid levels, reducing HgA1c to < 7% in patients with diabetes and initiation of anti-platelet medication.³



DOCUMENTATION TIPS⁵

- When a provider documents "peripheral arterial disease," "peripheral vascular disease" or "intermittent claudication" it is coded to **443.9** – Peripheral vascular disease, unspecified.
- Document arteriosclerosis as "arteriosclerosis of" and the site, "arteriosclerotic" or "arteriosclerosis with," followed by the symptom or complication (e.g. arteriosclerosis of the lower extremities with ulceration), not the symptom or complication alone.
- When documenting ulcers, do **not** document them as "wounds," "open wounds" or "lesions".

CODING HIGHLIGHTS⁵

Atherosclerosis (arteriosclerosis)

Of native arteries of extremities:

- 440.20** Unspecified
- 440.21** With intermittent claudication
- 440.22** With rest pain
- 440.23** With ulceration*
- 440.24** With gangrene*
- 440.29** Other

Of bypass graft of extremities:

- 440.30** Of unspecified graft
- 440.31** Of autologous vein bypass graft
- 440.32** Of nonautologous biological bypass graft

*Use additional code for any associated ulceration (**707.10-707.9**)

¹ Libby: *Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine*, 8th ed.

² Hirsch, AT, Criqui, MH, et al. "Peripheral Arterial Disease Detection, Awareness and Treatment in Primary Care." *JAMA* 2001;286:1317-1324.

³ P.A.D. Peripheral Arterial Disease Coalition. <www.padcoalition.org>.

⁴ Hirsch, et al. "ACC/AHA 2005 Guidelines for the Management of Patients With Peripheral Arterial Disease (Lower Extremity, Renal, Mesenteric, and Abdominal Aortic)."

⁵ World Health Organization, *Professional: ICD-9-CM for Physicians—Volumes 1 & 2*. 2011. Alexandria, VA: Ingenix, 2010, October. Print.