

## In This Issue

- Peripheral Arterial Disease (PAD)

### Link Category Title

[www.adobecw.com/PAD](http://www.adobecw.com/PAD)

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## Peripheral Arterial Disease (PAD)

Early detection is important in order to properly risk stratify, manage, and treat patients. Patients should be started on a medium to high dose statin, encouraged to quit smoking, control blood pressure and glucose, exercise, and maintain a healthy weight and diet. Symptomatic patients should be started on antiplatelet therapy

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### HIGH RISK PATIENTS

- Age is 70+ years old
- Age is 50-69 years with a history of smoking and/or diabetes
- Age less than 50 with diabetes and at least one additional risk factor (smoking, dyslipidemia, hypertension, or homocysteinemia)

### CLINICAL INDICATORS

- Pain or discomfort in the lower extremities that occurs with exercise/activity and resolves with rest
- Decreased warmth in lower extremities
- Diminished pulses on legs or feet
- Discoloration of skin (blueish)
- Hair loss on legs or feet
- Arterial bruits

### DIAGNOSTICS

- Ankle-brachial index test (ABI)
- Ultrasound of the lower extremities
- Angiography of lower extremities

### LAB

- Cholesterol blood test (looking for elevated cholesterol)

#### References:

ICD-10-CM Official Guidelines for Coding and Reporting & American Hospital Association (AHA) Coding Clinic. ACCF/AHA Pocket Guideline November 2011. Management of Patients with Peripheral Artery Disease. Pande RL, Perlestein TS, Beckman JA, Creager MA. Secondary prevention and mortality in peripheral artery disease: National Health and Nutrition Examination Study, 1999 to 2004. *Circulation* 2011; 124:17. <https://www.uptodate.com/contents/overview-of-lower-extremity-peripheral-artery-disease>

## DOCUMENTATION AND CODING TIPS

When documenting PAD, it is highly recommended to include the term atherosclerosis, if appropriate. This will allow coders to capture a more specific code when an atherosclerotic process causes the condition

For “*gold standard*” documentation, consider the below details:

- ***Cause*** - e.g., atherosclerosis or stenosis of the artery
- ***Location and artery affected*** - e.g., leg, foot, ankle, thigh
- ***Status of the artery*** - e.g., native, bypass graft, autologous, non-autologous
- ***Complications*** - e.g., intermittent claudication, ulceration or gangrene
- ***Laterality*** - e.g., left, right, bilateral

Per ICD-10 guideline there is a presumed relationship when coding PAD in the presence of diabetes

- The provider is not required to document the two conditions to be related in order for the coder to capture the combination diagnosis code
- For type 2 diabetes and PAD the reported diagnosis code would be *E11.51, Type 2 diabetes with diabetic peripheral angiopathy without gangrene*

Diabetic peripheral angiopathy encompasses the below conditions

- Peripheral atherosclerosis
- Peripheral vascular disease (PVD)
- Peripheral arterial disease (PAD)

### TIPS

- PAD is a progressive disease, avoid documenting and reporting as historical e.g., history of PAD
- It is best practice to document the diagnostic test results and any clinical findings that support PAD along with disease status and plan of care