

Acuity Documentation
Peripheral Vascular
Disease



Best Practice: Document with M.E.A.T.

Monitor

- Review signs and symptoms
- Review logs (blood sugar, BP)
- Disease progression/regression noted

Evaluate

- Reviewing lab/test results
- Review of diagnostic tests
- Medication/treatment effectiveness
- Relevant physical examination

Assess/ Address

- Stable, improving, worsening, etc.
- Discussion/counseling
- Exacerbation of condition
- Relevant record review

Treat

- Referral to specialist
- Adjusting, refilling, prescribing medication
- Surgical procedures

Noting any one of the M.E.A.T criteria will satisfy the documentation requirements needed to code that condition on a claim

Documentation Keywords:

<u>Assessment</u>	<u>Plan</u>
Stable	Monitor
Improved	D/C meds
Tolerating meds	Continue meds
Deteriorating	Refer

Examples:

- Patient has PVD without any complications currently stable.
- Patient seen today for atherosclerosis of native artery bilateral lower extremities, continue meds and monitor.



PVD Key Points

Document and report PVD on any visit where it factors into the medical decision making, including as part of another chronic condition being treated

The most common types of PVD are:

- Carotid Artery Disease
- Peripheral Arterial Disease
- Deep Vein Thrombosis
- Venous Insufficiency



Documentation Tips:

- When documenting this condition be sure to include the cause, laterality, and location.
 - Atherosclerosis, stenosis etc.
 - Vein/artery affected – leg, foot, heel, ankle, calf, thigh etc.
 - Left, right, or bilateral.
- Indicating the current status of the artery can make capturing a more specific/accurate DX code easier.
 - Native, bypass graft, autologous etc.
 - Improved, stable, or worsening.
- Including any complications or co-morbidities is best practice to ensure proper acuity capture.
 - Intermittent claudication, ulcerations, gangrene, HTN, DM, current smoker etc.
- Document any orders, testing, medication, referrals, or treatment plans associated with this condition.



Common ICD-10 Codes

ICD-10	Description
I73.9	Peripheral vascular disease, unspecified
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, <i>right leg</i>
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, <i>left leg</i>
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, <i>bilateral legs</i>
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs
I70.0	Atherosclerosis of aorta
I71.2	Thoracic aortic aneurysm, without rupture
I71.4	Abdominal aortic aneurysm, without rupture
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene

Other Common Associated Codes

ICD-10	Description
I87.2	Venous Insufficiency
I83.90	Varicose Veins
I73.89 & R60.9	Edema due to PVD
I82.40	Deep Vein Thrombosis
L89.609	Pressure ulcer of right heel, unspecified stage
L89.603	Pressure ulcer of right heel, stage 3
L89.614	Pressure ulcer of right heel, stage 4
L97.909	Non-pressure chronic ulcer of unspecified lower leg, unspecified severity
L97.519	Non-pressure chronic ulcer of other part of right foot with unspecified severity

Keeping Compliant Documentation

- Completeness and accuracy is always our goal!
- Never document or bill diagnoses that are not present or currently being treated
- Never up-code diagnoses to achieve a higher risk score
- Do not document a resolved or historical medical condition as current if it is no longer being treated
- Correct any errors in diagnoses previously reported or that no longer apply
- Keep accurate, specific problem lists to easily pull the most appropriate codes into encounter notes
- Avoid using abbreviations unless the condition is previously established in the documentation within the same OV note.

