

## Home Health ICD-9/ICD-10 Alert

### Reader Questions: Don't Look for Too Much Documentation for Atherosclerosis

**Question:** When listing a code from the 440.20-440.29 (Atherosclerosis; of native arteries of the extremities) series, what sort of documentation do I need? I have a discussion going with another coder. I say the doctor should document atherosclerosis along with rest pain, intermittent claudication, ulcers, or gangrene in order to use these codes. The other coder thinks that you can go ahead and use 440.20-440.29 without these details.

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**Answer:** If the physician has documented atherosclerosis of the lower extremities, you can list a code from 440.2x. Remember also that we can get information from the patient and caregiver under OASIS guidance; so if the patient stated that his doctor told him that the reason he shouldn't put his legs up was related to his bad circulation, and this is why he has pain in his legs when in his recliner, you have enough information to indicate that the patient has atherosclerosis with rest pain.

There is guidance from the Wound Ostomy and Continence Nurses Society -- a fact sheet on recognizing different kinds of ulcers -- that is helpful in identifying arterial ulcers, but again, information should be verified with the physician. Try initiating a conversation such as this with the physician: "Doctor, the patient has documented peripheral artery disease and has an ulcer that appears arterial in nature (for example, punch out, white wound base, location near or on the toes or side of foot); would you agree that the ulcer is an atherosclerotic ulcer?"