

Vascular Intervention

“Peripheral Vascular Disease” is a huge, non-specific bucket.
Operative notes need specificity for coding purposes.

Vascular Interventionalists need to document **three** things for coding specificity:

1. Specific vessel(s) involved
 - a. Anatomical name and laterality (R/L)
 - i. Artery
 - ii. Vein
 - iii. Previous bypass graft
2. Type(s) of lesion(s) identified and addressed
 - a. Stenosis/blockage due to arteriosclerosis, embolus or thrombus
Note: the same area of blockage may have more than one etiology or two different lesions with different etiologies that are corrected in the same operation
 - b. Detailed operative note with specificity is necessary for coding
 - i. Example #1: The surgeon first removed an embolus from an artery and then they stent the stenosis where the embolus lodged. The embolus and its removal should be documented as should the arteriosclerosis and its stenting.
 - ii. Example #2: The surgeon first stents an arteriosclerotic lesion proximally and then removes a thrombus distally. The surgeon should document a detailed procedure note that would include the specificity listed above in order to capture the accurate code.
3. Consequences of the blockages
 - a. Claudication
 - b. Ulcers
 - c. Gangrene, dry/ischemic