

## VASCULAR TESTING OF PATIENTS WITH LEG ULCERS

### **DESCRIPTION:**

Percentage of patients aged 18 years and older with a diagnosis of a leg ulcer(s) in whom vascular testing was performed within the 12-month reporting period.

### **DEMOGRAPHICS:**

Patients aged 18 years and older; males and females

### **DENOMINATOR:**

All patients aged 18 years and older with a diagnosis of a leg ulcer(s)

#### **Denominator Criteria (Eligible Cases):**

Patients aged  $\geq 18$  years on date of encounter

#### **AND**

**Diagnosis for ulcer of lower limbs, venous ulcer or leg pressure ulcer (line-item ICD-9-CM):**  
440.20, 440.21, 440.22, 440.23, 440.24, 443.0, 443.1, 443.81, 443.82, 443.89, 443.9, 444.0, 444.1, 444.21, 444.22, 444.81, 454.0, 454.2, 459.11, 459.13, 459.31, 459.33, 459.81, 707.06, 707.07, 707.8, 707.09, 707.10, 707.11, 707.12, 707.13, 707.14, 707.15, 707.19, 707.20, 707.21, 707.22, 707.23, 707.24, 707.24 and 785.4

#### **AND**

**Patient encounter during the reporting period (CPT):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 93922, 93923, 11042-11047, 97597-97598, 99183, 15170-15431, 29580-29581

### **NUMERATOR:**

Patients with leg ulcers who underwent vascular testing during the 12 month reporting period

#### **Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

**CPTII NewCode:** Vascular testing obtained

#### **OR**

#### **Vascular Screen not Obtained for Medical, Patient or System Reasons**

Append a modifier (1P, 2P or 3P) to CPT Category II code **NewCode** to report documented circumstances that appropriately exclude patients from the denominator.

**NewCode with 1P:** Documentation of medical reason(s) for not obtaining vascular testing

**NewCode with 2P:** Documentation of patient reason(s) for not obtaining vascular testing

**NewCode with 3P:** Documentation of system reason(s) for not obtaining vascular testing (e.g., patient has already undergone vascular testing by another provider)

#### **OR**

#### **Vascular testing not obtained, Reason not Specified**

Append a reporting modifier (8P) to CPT Category II code **NewCode** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**NewCode with 8P:**

### **Measure Reporting via Registry:**

ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure. The quality-data codes listed do not need to be

submitted for registry-based submissions however these codes may be submitted for those registries that utilize claims data.

**RATIONALE:**

**Definition of vascular testing:** measurement of the ankle-brachial index, skin perfusion pressure measurements, transcutaneous oximetry, and Doppler vascular studies.

**Principle:** Poor vascular supply to the leg is a frequent contributor to the development of an ulcer as well causing healing impairment. The presence of peripheral arterial occlusive disease may require treatment modifications for certain types of ulcer (e.g., venous stasis ulcers). When the disease is severe, vascular intervention may need to be undertaken (depending on the ulcer etiology) to improve the blood supply or the ulcer may not heal. Therefore vascular testing to identify the presence of peripheral arterial occlusive disease is an important factor in the assessment of a leg ulcer, particularly a chronic ulcer that is not healing.

**CLINICAL RECOMMENDATION STATEMENTS:**

Peripheral arterial occlusive disease (PAOD) affects approximately 10 million people in the United States and is highly associated with significant morbidity and mortality. Because of its high prevalence and associated co-morbidities, there must be an effort to detect arterial disease in patients with wounds and to select appropriate therapy when arterial insufficiency is identified as a significant or primary etiology for an ulcer. Arterial insufficiency frequently contributes to poor healing in ulcers with another primary etiology such as diabetic neuropathy or venous insufficiency. All patients with lower extremity ulcers should be assessed for arterial disease. (Level 1A evidence) (Wound Healing Society 2007). Available at: <http://www3.interscience.wiley.com/cgi-bin/fulltext/118605281/HTMLSTART>

In diabetic foot ulcers, arterial perfusion is a vital component for healing and must be assessed in the ulcerated patient, since impaired circulation contributes significantly to non-healing of ulcers and subsequent risk for amputation. Early evaluation and referral are important. The initial evaluation of the diabetic foot ulcer must be comprehensive and systematic to ascertain the parameters that might have led to its onset as well as determine the presence of factors that can impair wound healing. Critical in this regard are assessments for vascular perfusion (ischemia). Noninvasive arterial studies (NIAS) should be performed to determine lower extremity perfusion. Such studies may include Doppler segmental arterial pressures and waveform analysis, ankle-brachial indices (ABI), toe blood pressures, and TcPO<sub>2</sub>. American College of Foot and Ankle Surgeons - Medical Specialty Society. 2000 Sep (revised 2006 Sep). Available at "Guidelines.gov":

(<http://www.guideline.gov/search/searchresults.aspx?Type=3&txtSearch=diabetic+foot+ulcers&num=20>)