Aortic Atherosclerosis

Overview:
Aortic atherosclerosis (I70.0) may be recommended for consideration when:
- Radiology defines the atherosclerotic burden as moderate or severe.
  
or
- Radiology defines it as mild (or does not define the severity) and the patient has other atherosclerotic cardiovascular disease, such as carotid artery atherosclerosis, peripheral arterial disease, history of atherosclerotic TIA/stroke, coronary artery disease (including severe coronary artery calcifications), or previous aortic aneurysm repair.
  
- In these situations, aortic atherosclerosis can be thought of as a marker of predisposition for diffuse atherosclerotic disease and its complications.

Pearl: Radiology may use synonyms for atherosclerosis, such as plaque or calcification

Documentation Example:

<table>
<thead>
<tr>
<th>Assessment/Plan: Aortic atherosclerosis – noted on CT abd/pelvis in 3/2022. Patient also has known coronary artery disease. Continue atorvastatin 40mg daily and Mediterranean diet.</th>
<th>While the severity of the aortic atherosclerosis is not specified, the presence of atherosclerotic disease in multiple arteries is noted. Active management is demonstrated with statin therapy and lifestyle modification.</th>
</tr>
</thead>
</table>

Active Management (“MEAT”):

**Monitor**
- Symptoms
- Disease progression/regression
- Ordering tests

**Evaluate**
- Test results
- Medication effectiveness
- Response to treatment
- Exam finding

**Assess/Address**
- Review records
- Counseling
- Documenting status

**Treat**
- Prescribe/continue medication/stopping
- Surgical/other interventions
- Referral to a specialist

Common Pitfalls:
- Nonspecific diagnosis
- Documentation and reported ICD-10 codes do not match
- Not enough information to indicate active assessment/management
- Not linking data/medications to the relevant condition in the assessment/plan.
- Not addressing both conditions when a single ICD-10 code represents a condition and its complication/manifestation (such as DM with CKD)
- Inappropriately coding acute conditions as chronic

Resources:
1. Up to Date, Thromboembolism from aortic plaque; 2. Up to Date, Atherosclerotic cardiovascular disease risk assessment for primary prevention in adults: our approach; 3. Up to Date, Prevention of cardiovascular disease events in those with established disease (secondary prevention) or at very high risk; 4. 2022 ACC/AHA Guideline for the Diagnosis and Management of Aortic Disease