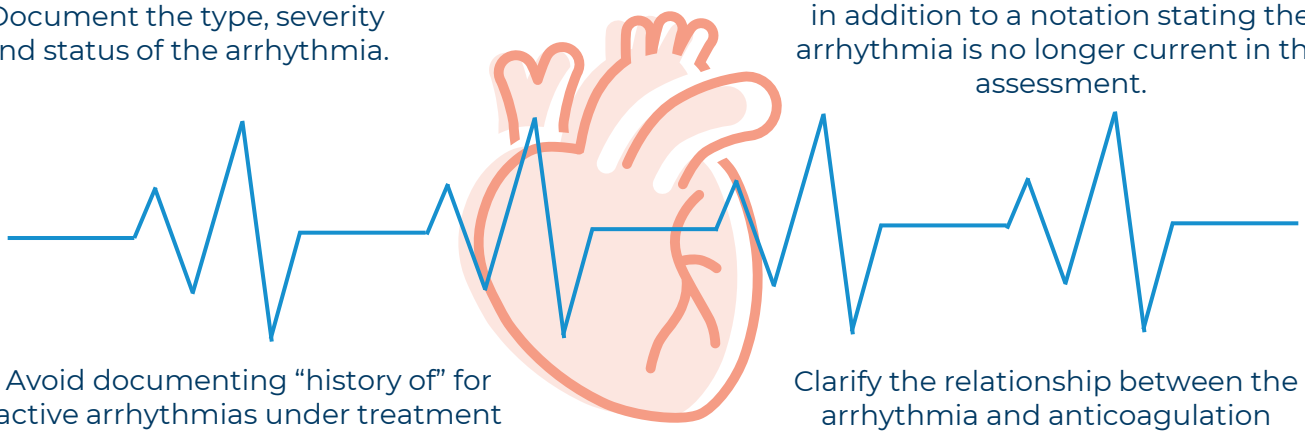
Arrhythmias

Atrial fibrillation (AFib) and other arrhythmias require provider interpretation in the progress notes, coders cannot code directly from ECG report. AFib is categorized as paroxysmal (resolving within 7 days), persistent (longer than 7 days), or permanent (treatment cannot restore sinus rhythm). Pacemaker-controlled arrhythmias like sick sinus syndrome or Complete Heart Block should continue to be documented, post pacemaker placement. AFib, the most common arrhythmia, can cause stroke or heart failure and has various potential causes including high blood pressure, heart attacks, and congenital defects. Symptoms range from palpitations and chest pain to fatigue or even no symptoms. Other arrhythmias, such as supraventricular tachycardia and prolonged ventricular tachycardia, can also lead to serious complications.

Best Documentation Practices

Document the type, severity and status of the arrhythmia.

When resolved, document "history of" in addition to a notation stating the arrhythmia is no longer current in the assessment.



Avoid documenting "history of" for active arrhythmias under treatment even when asymptomatic.

Clarify the relationship between the arrhythmia and anticoagulation therapy.

M.E.A.T. the Condition

Proper documentation requires at least one of these four elements be present in the documentation for each condition.

M
Monitor

How is the patient doing?

Document signs, symptoms, disease progression/regression or ongoing surveillance

E
Evaluate

What is the current state of the condition?

Document current state, test results, medication effectiveness or response to treatment

A
Address/Assess

How will the condition be evaluated?

Document discussion, review of records, counseling, or ordering further tests

T
Treatment

What is being done to help the condition?

Document care, prescribed medications, referral to specialist or other modalities

CMS requires **annual coding and reporting of all chronic conditions**. A condition is not considered present in a given year unless it is appropriately documented and coded in that year.

Arrhythmias ICD-10 Category Reference Guide

This partial list of Risk Adjustment condition categories and ICD-10 codes (showing only partial codes for some)) is not exhaustive. **For complete codes and all applicable coding instructions, refer to the current ICD-10-CM Alphabetic Index and Tabular List.**

Arrhythmias	
I44.X	Atrioventricular and left bundle-branch block
I47.X	Paroxysmal tachycardia
I48.XX	Atrial fibrillation and flutter
I49.X	Other cardiac arrhythmias
Use additional code, if applicable	
Z95.0	Presence of cardiac pacemaker

Coding Examples

Example 1	
Documentation	**CC:** Dizziness and heart racing likely due to their Afib. **Subjective:** Patient reports continued intermittent dizziness, heart racing since last week, confirms taking digoxin as prescribed. **PE/Cardiovascular:** Reveals irregularly irregular rhythm. **Assessment & Plan:** Chronic Persistent Atrial Fibrillation, symptomatic despite current regimen on digoxin. Discussed permanent pacemaker placement scheduled for next week. Procedure risks and benefits were reviewed with patient. Advised to contact office immediately if symptoms worsen or experience syncopal events.
ICD-10 Code(s)	I48.19 Other persistent atrial fibrillation
Rationale	Within the assessment and plan, the provider specifically documented the type of atrial fibrillation, noting the patient's current symptoms and linking the relevant medication. The plan also addressed future management, including potential procedures and their associated risks and benefits.

Example 2	
Documentation	**Reason for Visit:** 6 Month Follow Up after permanent pacemaker placement. **PE:** RRR, Denies SOB, Palpitations **Assessment & Plan:** SSS, controlled with pacemaker
ICD-10 Code(s)	I49.5 Sick Sinus Syndrome; Z95.0 Presence of cardiac pacemaker
Rationale	The provider addressed the patients' sick sinus syndrome within the assessment and plan. The presence of pacemaker was also identified and is controlling the signs and symptoms.

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