

# Documentation and Reporting Heart Arrhythmia

## DOCUMENTATION TIPS

Atrial fibrillation and other heart arrhythmias cannot be reported from ECGs or telemetry strips. The provider must bring the results into the progress note and identify the rhythm abnormality. Document the specific type of arrhythmia, rather than AF, as this may be incorrectly reported as atrial flutter rather than atrial fibrillation.

Document and code sick sinus syndrome and other arrhythmias when controlled by a pacemaker. Report the heart arrhythmia and Z95.0 Presence of cardiac pacemaker, even in the absence of changes or management of the device.<sup>2</sup>

### Document clinical indicators in the absence of a definitive diagnosis of heart arrhythmia:

- Palpitations
- Tachycardia
- Dyspnea
- Syncope
- Fatigue
- Weakness
- Dizziness
- Frequent urination

### Heart Arrhythmias (not an all-inclusive list)

ICD-10-CM Code	Description	ICD-10-CM Code	Description
I47.0	Re-entry ventricular arrhythmia	I48.3	Typical atrial flutter
I47.1	Supraventricular tachycardia	I48.4	Atypical atrial flutter
I47.2	Ventricular tachycardia	I48.91	Unspecified atrial fibrillation
I47.9	Paroxysmal tachycardia, unspecified	I48.92	Unspecified atrial flutter
I48.0	Paroxysmal atrial fibrillation	I49.01	Ventricular fibrillation
I48.11	Longstanding persistent atrial fibrillation	I49.02	Ventricular flutter
I48.19	Other persistent atrial fibrillation	I49.5	Sick sinus syndrome
I48.20	Chronic atrial fibrillation, unspecified	I49.8	Other specified cardiac arrhythmias
I48.21	Permanent atrial fibrillation	I49.9	Cardiac arrhythmia, unspecified

- **Paroxysmal atrial fibrillation** is a condition that resolves spontaneously or with intervention within 7 days of onset but may recur.
- **Persistent atrial fibrillation** persists longer than 7 days.
- **Permanent atrial fibrillation** occurs when the patient and provider decide to discontinue further attempts to restore and/or maintain sinus rhythm.

## Secondary Hypercoagulable State

When a patient with atrial fibrillation is diagnosed with secondary hypercoagulable state due to chronic anticoagulation therapy you may report D68.69 Other thrombophilia.<sup>3</sup> Documentation must include the underlying condition, the clinical evaluation and/or anticoagulant therapy prescribed for the patient, such as Coumadin. While the anticoagulant therapy is not treatment for atrial fibrillation, it supports secondary hypercoagulable state related to atrial fibrillation.

### DOCUMENTATION AND CODING EXAMPLE

Patient with secondary hypercoagulable state on warfarin due to long-standing persistent atrial fibrillation. INR is 2.5. Repeat INR in 14 days.

I48.11 Long-standing persistent atrial fibrillation

D68.69 Other thrombophilia

According to the ICD-10-CM Official Guidelines for Coding and Reporting FY 2022: “A dash (-) at the end of an alphabetic index entry indicates that additional characters are required.” Refer to the tabular to verify that all characters are assigned to complete the diagnosis code.

1. ICD-10-CM Official Guidelines for Coding and Reporting FY2022. 1 Oct. 2021, [www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines.pdf](http://www.cms.gov/files/document/fy-2022-icd-10-cm-coding-guidelines.pdf). Accessed 30 Nov. 2021.
2. AHA Coding Clinic, Journal of AHIMA; Q1 2019, page 33. American Hospital Association Coding Clinic.
3. AHA Coding Clinic, Journal of AHIMA; Q2 2021, page 8. American Hospital Association Coding Clinic.
4. Prescott, Laurie, and James Manz. *2022 ACDIS Pocket Guide, The Essential CDI Resource*. Brentwood, TN, HCPro, a division of Simplify Compliance LLC, 2021.