Disease definitions

**Defined**
A disorganized atrial cardiac rhythm that can lead to the development of clot formation in the heart, which poses a threat of stroke in the event that the intra-cardiac clot were to be ejected to the brain.

**Types of atrial fibrillation**
- **Paroxysmal** – two or more episodes of atrial fibrillation that last for more than 30 seconds, which terminate spontaneously in seven days or less,
- **Persistent** – atrial fibrillation that fails to terminate in less than seven days,
- **Chronic (permanent)** – atrial fibrillation that has been present for more than 12 months.

**Statistics**
- Atrial fibrillation is the most common cardiac arrhythmia,
- 2.7 to 6.1 million people in the United States have atrial fibrillation,
- 9% of those with atrial fibrillation are 65 and older,
- Accounts for 130,000 deaths annually,
- About $6 billion dollars are spent annually on atrial fibrillation.

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**TIP**
To help ensure you are documenting to the highest degree of specificity for appropriate ICD-10 code assignment, go to [www.cigna.com/codingeducation](http://www.cigna.com/codingeducation).
Clinical coding and documentation tips

› Explicitly document findings that support the diagnosis of atrial fibrillation,

› A chronic disease, like atrial fibrillation, must have a valid treatment plan in order to be considered an active medical problem. Treatment plans can be in the form of: a medication, referral, diet, monitoring, and/or ordering a diagnostic exam. Common treatment modalities include:
  • Medications such as: beta blockers, calcium channel blockers, anti-arrhythmics, and anti-coagulants to reduce stroke burden.
  • Ischemic strokes with an estimated incidence of 15 to 20% of ischemic strokes (Mozaffarian, D. et al., 2015).** Therefore it is suggested that clot burden be risk stratified with either the CHADs2 or CHAsDS2-VASc scoring tool
  • Procedures such as: direct current cardioversion with or without trans-esophageal guidance and catheter based ablation
  • Document diagnostic statements that are compatible with the ICD-10 nomenclature,
  • Confirm face-to-face encounter is signed and dated by clinician. Include printed version of clinician's full name and credentials (e.g., MD, DO, NP, PA),

Subjective documentation considerations

Common signs and symptoms of atrial fibrillation include:
› Palpitations,
› Tachycardia,
› Fatigue,
› Weakness,
› Dizziness,
› Shortness of breath,
› Chest pain.

Other medical diagnoses and risk factors can lead towards atrial fibrillation acquisition, such as:
› Coronary artery disease,
› Congestive heart failure,
› Hypertension,
› Diabetes,
› Chronic obstructive pulmonary disease,
› Prior atrial dysrhythmia,
› Open heart surgery,
› Hyperthyroidism,
› Advanced age,
› Obesity,
› Alcohol dependence,
› Sepsis,
› Electrolyte disturbances,
› Enlarged atrial chambers of the heart determined on echocardiogram.
Objective documentation considerations

Common physical examination include:

- Irregular pulse,
- Edema,
- Jugular vein distention,
- Diagnostic testing that are used to adjudicate the diagnosis:
  - 12-lead electrocardiogram denoting the absence of P-waves, and the R to R intervals do not follow a repetitive pattern. Typically the QRS complexes are narrow and less than 120 milliseconds in duration,
  - Echocardiogram to determine the structural integrity of the heart,
  - Blood work to ascertain if there is any underlying thyroid dysfunction, anemia, infection, and/or electrolyte abnormalities,
  - Holter or event monitoring.

ICD-10 diagnostic codes: atrial fibrillation

<table>
<thead>
<tr>
<th>ICD-10-CM code</th>
<th>ICD-10-CM description</th>
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</thead>
<tbody>
<tr>
<td>I48.0</td>
<td>Paroxysmal atrial fibrillation</td>
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<tr>
<td>I48.1</td>
<td>Persistent atrial fibrillation</td>
</tr>
<tr>
<td>I48.2</td>
<td>Chronic atrial fibrillation (permanent)</td>
</tr>
<tr>
<td>I48.91</td>
<td>Unspecified atrial fibrillation</td>
</tr>
</tbody>
</table>


Disclaimers

1. Providers must be diligent about confirming the accuracy of their diagnoses and ensure that their diagnosis and coding practices comply with all applicable legal requirements,
2. Failure to address recurrent diagnosis inaccuracies can, in some cases, result in administrative sanctions and potential financial penalties,
3. Accurate coding and submission activities allow us to provide the best benefits and resources possible to our customers.