

Specified Heart Arrhythmias

Coding and Documentation

Possible causes include:

- High blood pressure
- Metabolic imbalance
- Abnormal heart valve
- Heart attack
- Congenital defects
- Viral infections
- Stimulants
- Stress
- Emphysema / Lung Disease

Symptoms may include:

- Palpitations
- Blood pressure change
- Chest pain
- Shortness of breath
- Weakness / fatigue
- Lightheadedness
- Confusion
- No symptoms

Atrial Fibrillation and Atrial Flutter Atrial Fibrillation is the most common type of arrhythmia. It can lead to stroke or heart failure if not controlled.

Atrial Fibrillation				
Paroxysmal	Persistent		Chronic	
	Longstanding	Other	Unspecified	Permanent
I48.0	I48.11	I48.19	I48.20	I48.21
Rapid irregular heartbeat in the atrium	Continuous lasting longer than one year	Lasts 7 or more days Persistent NOS, chronic persistent	Long history stated as chronic	Stated as chronic and permanent
Atrial Flutter			Unspecified	
Typical - Type 1	Atypical- Type 2		Atrial Fibrillation, unsp	Atrial Flutter, unsp
I48.3	I48.4		I48.91	I48.21

Tachycardia Supraventricular tachycardia is most often found in the young. Ventricular tachycardia lasting longer than a few seconds can lead to ventricular fibrillation.

Paroxysmal				Sinus
Re-Entry	Supraventricular	Ventricular	Unspecified	
I47.0	I47.1	I47.2	I47.9	R00.00 (no HCC)
self-sustained cardiac rhythm abnormality	occasional palpitations that start and end suddenly -Junctional -Nodal	rapid heartbeat with three or more consecutive premature heartbeats	Bouverete-Hoffman Syndrome	heart rate greater than 100 bpm -sinoauricular -unspecified -NOS

Other Cardiac Arrhythmias Ventricular fibrillation is the most serious and life threatening cardiac rhythm disturbance.

Ventricular Fibrillation	Ventricular Flutter	Premature Depolarization					Other Specified Arrhythmias
		Atrial	Junctional	Ventricular	Unspecified	Other	
I49.01	I49.02						I49.8 (no HCC)
Sick Sinus Syndrome							Unspecified Cardiac Arrhythmias
I49.5		I49.1	I49.2	I49.3	I49.40	I48.49	I49.9 (no HCC)

Diagnostic Tools:

- Electrocardiogram (ECG)
- Cardiac event recording
- Blood Tests
- Perfusion SPECT
- Angiograph
- Echocardiogram (EKG)
- Holter monitor (ambulatory ECG)
- Exercise stress test
- Cardiac MRI / CT
- Electrophysiology testing

Documentation tips:

Anticoagulant therapy

- Documentation must state the relationship between anticoagulation therapy and cardiac arrhythmias. It cannot be assumed since anticoagulants are used to manage other conditions.
- Even when the conditions are linked, document the type, status and severity of the arrhythmia. Anticoagulant therapy is also used to prevent blood clots in patients with a history of cardiac arrhythmias.

Treatment Options:

- Anti-arrhythmic drugs
- Heart-rate control drugs
- Anticoagulant therapy
- Electrical cardio conversion
- Anti-bradycardia pacing
- Coronary artery bypass
- Pacemaker implant
- Implantable defibrillator
- Pulmonary vein isolation
- Catheter ablation
- Valve surgery
- Maze procedure

History of

- Document “history of” along with a specification that the condition is no longer current in the final assessment.
- If the condition is currently active and under management do not specify as “history of”, even if stable.
- There is not a specific code for personal history of cardiac arrhythmia. Use Z86.79, personal history of other diseases of the circulatory system.

Address all conditions that coexist at the time of the encounter that require or affect patient care, treatment or management. Document to the highest degree and code to the highest specificity. Include the ICD-10 code on the claim.

Specified Heart Arrhythmias



HEDIS® Measures

Blood Pressure Control			
<140/90 mm Hg Controlled		Members ages 18-85 who had a diagnosis of Hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year	
HCPCS			
Systolic < 140	3074F, 3075F	Diastolic < 90	3078F
Systolic ≥ 140	3077F	Diastolic 80-89	3079F
		Diastolic ≥ 90	3080F

Prescription Monitoring		
ACE/ARBs		Members who are 18 years of age and older and who were on an ACE/ARB at least 80% of days from the first fill through the end of the year.
Direct Renin Inhibitor Medications and Combinations		
- aliskiren (+/- amlodipine, hydrochlorothiazide)		
ARB Medications and Combinations		
- azilsartan (+/- chlorthalidone)	- irbesartan (+/- hydrochlorothiazide)	- telmisartan (+/- amlodipine, hydrochlorothiazide)
- candesartan (+/- hydrochlorothiazide)	- losartan (+/- hydrochlorothiazide)	- valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol)
- eprosartan (+/- hydrochlorothiazide)	- olmesartan (+/- amlodipine, hydrochlorothiazide)	
ACE Inhibitor Medications and Combination Products		
- benazepril (+/- amlodipine, hydrochlorothiazide)	- lisinopril (+/- hydrochlorothiazide)	- quinapril (+/- hydrochlorothiazide)
- captopril (+/- hydrochlorothiazide)	- moexipril (+/- hydrochlorothiazide)	- ramipril
- enalapril (+/- hydrochlorothiazide)	- perindopril (+/- amlodipine)	-trandolapril (+/- verapamil)
- fosinopril (+/- hydrochlorothiazide)		
NOTE: The information listed here is not all inclusive and is to be used as a reference only. Please refer to current IDC-10/CPT/HCPCS Coding and Documentation Guidelines found at www.cms.gov . HEDIS Measures can be found at www.ncqa.com		