

# Specified Heart Arrhythmias



## Coding & Documentation

### Possible causes of specified heart arrhythmias include:

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

### Symptoms may include:

- Palpitations
- Chest pain
- Weakness/fatigue
- Confusion
- Blood pressure changes
- Shortness of breath
- Lightheadedness
- None

## Atrial Fibrillation & 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	
I48.0	Longstanding	Other	Unspecified	Permanent
	I48.11	I48.19	I48.20	I48.21
Rapid irregular heartbeat in the atrium	Continuous, lasting longer than one year	Lasting seven 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, unspecified	Atrial flutter, unspecified
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	R00.00 (no HCC)
I47.0	I47.1	I47.2	I47.9	
Self-sustained cardiac rhythm abnormality	Occasional palpitations that start and end suddenly <ul style="list-style-type: none"> <li>• Junctional</li> <li>• Nodal</li> </ul>	Rapid heartbeat with three or more consecutive premature heartbeats	Bouveret-Hoffman syndrome	Heart rate greater than 100 bpm <ul style="list-style-type: none"> <li>• Sinoauricular</li> <li>• Unspecified</li> <li>• NOS</li> </ul>

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## Other Cardiac Arrhythmias

Ventricular fibrillation is the most serious and life-threatening form of cardiac rhythm disturbance.

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

NOTE: 2021 Code Revision

Revise to: Arrhythmia (auricle)(cardiac)(juvenile)(nodal)(reflex)(supraventricular)(transitory)(ventricle) — **I49.9**

Add: Sinus — **I49.8**

(2021 ICD-10-CM addendum found on CMS.gov)

### Diagnostic tools:

- Electrocardiogram (ECG)
- Cardiac event recording
- Blood tests
- Perfusion single photon emission computed tomography (SPECT)
- Angiograph
- Echocardiogram (EKG)
- Holter monitor (ambulatory ECG)
- Exercise stress test
- Cardiac MRI/CT
- Electrophysiology testing

### 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

## 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.

### “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 code Z86.79, personal history of other diseases of the circulatory system.

**Address all conditions that coexist at the time of the encounter and 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.**

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## HEDIS® Measures

Blood Pressure Control			
< 140/90 mm Hg controlled		Members ages 18–85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mm Hg) during the measurement year	
CPT® II Codes			
Systolic < 130	3074F	Diastolic < 80	3078F
Systolic 130–139	3075F	Diastolic 80–89	3079F

Remote Blood Pressure Monitoring				
CPT® Codes				
• 93784	• 93788	• 93790	• 99091	• 99453
• 99454	• 99457	• 99473	• 99474	

## Quality Tips

- If blood pressure is elevated, retake it. The taken combination of lowest readings during a visit is acceptable.
- Ensure that the blood pressure cuff is the correct size for the patient’s arm and is providing accurate readings.
- Do not round numbers up when using an automatic blood pressure machine.
- Review medication list every visit.
- Educate patients on the importance of medication compliance.
- During telehealth or telephone visits, allow readings taken by a member with any digital device.
- During telehealth or telephone visits, exclude readings taken by a member using a non-digital device such as a manual blood pressure cuff and stethoscope.

Cardiac Rehabilitation	
Members 18 years of age and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement	
Initiation	Attended two or more sessions of cardiac rehabilitation within 30 days of a qualifying event
Engagement 1	Attended 12 or more sessions of cardiac rehabilitation within 90 days of a qualifying event
Engagement 2	Attended 24 or more sessions of cardiac rehabilitation within 180 days of a qualifying event
Achievement	Attended 36 or more sessions of cardiac rehabilitation within 180 days of a qualifying event

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## HEDIS® Measures

Prescription Monitoring		
<b>Renin angiotensin system antagonists (PDC-RASA)</b>	Members who are 18 years of age and older and who were on a renin angiotensin system antagonist medication for at least 80% of the days from the first fill through the end of the year	
<b>Direct Renin Inhibitor Medications and Combinations</b>		
<ul style="list-style-type: none"> <li>aliskiren (+/- amlodipine, hydrochlorothiazide)</li> </ul>		
<b>Angiotensin Receptor Blocker (ARB) Medications and Combinations</b>		
<ul style="list-style-type: none"> <li>azilsartan (+/- chlorthalidone)</li> <li>candesartan (+/- hydrochlorothiazide)</li> <li>eprosartan (+/- hydrochlorothiazide)</li> </ul>	<ul style="list-style-type: none"> <li>irbesartan (+/- hydrochlorothiazide)</li> <li>losartan (+/- hydrochlorothiazide)</li> <li>olmesartan (+/- amlodipine, hydrochlorothiazide)</li> </ul>	<ul style="list-style-type: none"> <li>telmisartan (+/- amlodipine, hydrochlorothiazide)</li> <li>valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol)</li> </ul>
<b>Angiotensin-Converting Enzyme (ACE) Inhibitor Medications and Combinations</b>		
<ul style="list-style-type: none"> <li>benazepril (+/- amlodipine, hydrochlorothiazide)</li> <li>captopril (+/- hydrochlorothiazide)</li> <li>enalapril (+/- hydrochlorothiazide)</li> <li>fosinopril (+/- hydrochlorothiazide)</li> </ul>	<ul style="list-style-type: none"> <li>lisinopril (+/- hydrochlorothiazide)</li> <li>moexipril (+/- hydrochlorothiazide)</li> <li>perindopril (+/- amlodipine)</li> </ul>	<ul style="list-style-type: none"> <li>quinapril (+/- hydrochlorothiazide)</li> <li>ramipril</li> <li>trandolapril (+/- verapamil)</li> </ul>

**NOTE: The information listed here is not all-inclusive and should be used as a reference only. Please refer to current ICD-10/CPT/HCPCS coding and documentation guidelines at [www.cms.gov](http://www.cms.gov). HEDIS measures can be found at [www.ncqa.com](http://www.ncqa.com).**