



# Specified Heart Arrhythmias

## Coding and Documentation

### Possible causes 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 change
- Shortness of breath
- Lightheadedness
- 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                                |  |   | Unspecified                | Sinus   |
|---|--|---|----------------------------|---|
| Re-Entry                                  | Supraventricular   | Ventricular   | Unspecified                | Sinus   |
| I47.0                                     | I47.1  | I47.2   | I47.9                      | R00.00 (no HCC)   |
| self-sustained cardiac rhythm abnormality | occasional palpitations that start and end suddenly<br>-Junctional<br>-Nodal | rapid heartbeat with three or more consecutive premature heartbeats | Bouverete-Hoffman Syndrome | heart rate greater than 100 bpm<br>-sinoauricular<br>-unspecified<br>-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     |
|--------------------------|---------------------|--------------------------|------------|-------------|-------------|--------|---------------------------------|
| 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)      |                          |            |             |             |        |                                 |

## 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

## 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 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.

## HEDIS® Measures

| Blood Pressure Control             |              |   |       |
|------------------------------------|--------------|---|-------|
| <b>&lt;140/90 mm Hg Controlled</b> |              | 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                             |  |  |
|---|--|--|
| <b>ACE/ARBs</b>                                     |  | 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 ICD-10/CPT/HCPCS Coding and Documentation Guidelines found at cms.gov. HEDIS measures can be found at ncqa.org