

HEART ARRHYTHMIAS

- Specify the location and type of arrhythmia; document the duration and frequency, if known
- Continue to document and code arrhythmias when continuously controlled by a pacemaker
- Consider how arrhythmia affects the management of other diseases and report it when necessary

Clinical Concepts

Arrhythmia encompasses a broad spectrum of heart rate and rhythm disorders, broadly categorized into tachy and brady arrhythmias. These conditions are further divided according to their origin, means of transmission, and associated syndromes.

Tachy-arrhythmia types:

- **Atrial fibrillation/flutter** - irregularly irregular ventricular rhythm, absence of distinct P waves
 - **Paroxysmal AF** – sudden onset, self-terminating within 7 days
 - **Persistent AF** – lasts longer than 7 days, may require cardioversion
 - **Longstanding persistent (chronic) AF** – lasts more than 12 months
 - **Permanent AF** – continuous; cardioversion is not indicated or is unsuccessful
 - **Atrial flutter** – typical or atypical
- **Paroxysmal tachycardia** - sudden onset and termination of a rapid heart rate
 - **Supraventricular tachycardia** – originating at or above the AV node, typically presents as a narrow complex tachycardia
 - **Ventricular tachycardia** – 3 or more consecutive ventricular beats with heart rate >100 bpm, nonsustained (<30 seconds) or sustained (>30 seconds)

Brady-arrhythmia types:

- **Sick sinus syndrome** – sinoatrial node abnormality not due to a reversible cause
- **Atrioventricular block** – interruption of impulse transmission from the atria to the ventricles

Documentation Matters

History – document the date of onset and presence or absence of current symptoms, such as palpitations, weakness or fatigue, syncope or chest pain. Include the results of prior diagnostic testing and any previous medical or surgical interventions, such as cardioversion, ablation, or the presence of cardiac devices.

Exam – include any current associated physical exam findings such as “irregularly irregular” rhythm or increased or decreased heart rate.

Assessment – specify the type of arrhythmia. Include the status (e.g. stable, worsening, improved, etc.) and link any comorbidities or complications that are present.

Plan – document the treatment or management plan and timeline for reevaluation or follow-up, including specialist referrals.

- Lifestyle management
- Anti-arrhythmic or anticoagulant medications
- Electric cardioversion
- Implanted pacemaker or cardiac defibrillator
- Catheter ablation or Maze procedure

Coding Guidance

For accurate code assignment to occur, the following information must be documented in the progress note:

- **Type & Location**
 - Atrial fibrillation
 - Paroxysmal, persistent, or permanent
 - Atrial flutter
 - Typical or atypical
 - Paroxysmal tachycardia
 - Supraventricular
 - Ventricular
 - Nonsustained or sustained
 - Monomorphic or polymorphic
 - Sick sinus syndrome
 - Atrioventricular block
 - First, second, or third degree (complete)

An arrhythmia that is cardioverted to sinus rhythm or cured by ablation is considered historical if it does not recur. Even if the patient remains on anticoagulants, atrial fibrillation is no longer an active diagnosis.

Document arrhythmias when they are continuously controlled by a pacemaker. Report both the arrhythmia and presence of a cardiac pacemaker (Z95.0), even in the absence of changes or management of the device.

References

[NIH: Arrhythmias - StatPearls](#)

[ICD-10-CM Official Guidelines for Coding & Reporting](#)

Heart Arrhythmias Diagnoses

ICD-10-CM	Code Description	HCC Model
I44.1	Atrioventricular block, second degree (partial)	-
I44.2	Atrioventricular block, complete	CMS/HHS
I47.0	Re-entry ventricular arrhythmia	CMS/HHS
I47.10	Supraventricular tachycardia, unspecified	HHS
I47.11	Inappropriate sinus tachycardia, unspecified	HHS
I47.19	Other supraventricular tachycardia	HHS
I47.20	Ventricular tachycardia, unspecified	CMS/HHS
I47.21	Torsades de pointes	CMS/HHS
I47.29	Other specified ventricular tachycardia	CMS/HHS
I48.0	Paroxysmal atrial fibrillation	CMS/HHS
I48.11	Longstanding persistent atrial fibrillation	CMS/HHS
I48.19	Other persistent atrial fibrillation	CMS/HHS
I48.20	Chronic atrial fibrillation, unspecified	CMS/HHS
I48.21	Permanent atrial fibrillation	CMS/HHS
I48.3	Typical atrial flutter	CMS/HHS
I48.4	Atypical atrial flutter	CMS/HHS
I48.91	Unspecified atrial fibrillation	CMS/HHS
I48.92	Unspecified atrial flutter	CMS/HHS
I49.5	Sick sinus syndrome	CMS/HHS

Additional Diagnoses to Consider

ICD-10-CM	Code Description	HCC Model
E66*	Overweight and obesity	-
G47.3*	Sleep apnea	-
I10 - I16*	Hypertension	-
I25*	Coronary artery disease	-
I42.0	Dilated cardiomyopathy	CMS/HHS
I42.1	Obstructive hypertrophic cardiomyopathy	CMS/HHS
I50*	Heart failure <ul style="list-style-type: none"> • Specify type and clinical status, if known 	CMS/HHS
Z79.01	Long-term (current) use of anticoagulants	-
Z86.79	Personal history of other diseases of circulatory system	-
Z95.0	Presence of cardiac pacemaker	-
Z95.810	Presence of automatic (implantable) cardiac defibrillator	-

*Additional characters needed to complete code