Atrial Fibrillation
Documentation Best Practices

WellSense HEALTH PLAN

Atrial Fibrillation Codes

Estimates show that 12.1 million people in the United States will have atrial fibrillation in 2030. In 2019 alone, atrial fibrillation was mentioned in 183,321 death certificates and was the underlying cause of death in 26,535 cases[i]. Because the incidence of atrial fibrillation increases with age and women live longer than men in general, more women than men experience atrial fibrillation in their lifetime.

ICD-10 CODE	DESCRIPTION
I48.0	Paroxysmal atrial fibrillation
I48.1x	Persistent atrial fibrillation
I48.2x	Chronic atrial fibrillation
I48.91	Unspecified atrial fibrillation

Types of Atrial Fibrillation

The longer atrial fibrillation is present, the less likely it is to spontaneously convert and the more difficult cardioversion becomes due to atrial remodeling[ii].

Atrial Fibrillation Classifications	
Paroxysmal Atrial Fibrillation	Lasts < 1 week having converted spontaneously or by an intervention to normal sinus rhythm. Episodes may recur.
Persistent Atrial Fibrillation	Continuous atrial fibrillation that lasts > 1 week.
Long-Standing Persistent Atrial Fibrillation	Lasts > 1 year, but there is still the possibility of restoring sinus rhythm.
Permanent Atrial Fibrillation	Cannot be converted to sinus rhythm. This term also applies to patients for whom a decision has been made not to attempt conversion to sinus rhythm.

Documentation Requirements

To ensure proper diagnosis capture the following elements should be included:

- Include test results: ECG/EKG, thyroid levels, any other labs and echocardiography.
- Identify the type of atrial fibrillation using the terms **paroxysmal, persistent, and long-standing persistent and permanent** when possible. These clinical terms align with ICD-10 coding guidelines and allow for correct diagnosis capture.
- Capture any complications such as rheumatic valvular disorder, mechanical heart valves, hyperthyroidism, and hypertension, diabetes, left ventricular systolic dysfunction or previous thromboembolic events.
- Keep in mind: Atrial fibrillation that is cardioverted to sinus rhythm is considered resolved if it does not recur. Even if the patient remains on anticoagulants, atrial fibrillation is no longer an active diagnosis.

Documentation Examples:

Unspecified Atrial Fibrillation

HPI: Patient is a 68-year-old male who presents for follow-up after being seen in the ER two days ago for light-headedness and palpitations. EKG confirmed atrial arrhythmia with absent P waves and irregularly irregular R-R intervals. He was diagnosed with new onset of atrial fibrillation. Cardiology was consulted and he was discharged on flecainide and Eliquis and given a follow-up appointment for a TEE and outpatient cardiology visit.

PE: Vitals: Normal except pulse of 110; PE: WNL except for irregularly irregular HR; ROS: Negative

A: **I48.91 Unspecified atrial fibrillation**

P: Educated patient about atrial fibrillation and its causes, written literature provided. Labs drawn to check for hyperthyroidism. Hypertension remains in control on current medication. Patient advised to keep appointment with cardiology for further workup and treatment, referral provided for insurance purposes. Follow-up in one month after TEE and cardiology consult are complete. Patient to return with records from both for review.

Atrial Fibrillation with a Secondary Hypercoagulable State

HPI: Patient is a 76-year-old female here for a follow-up of her atrial fibrillation. She states that she's compliant with her medications and has no side effects. She was diagnosed about 6 months ago. Cardiology tried a cardioversion at the time of diagnosis, but her rhythm reverted back to a-fib, so medical treatment was initiated. She needs a refill on her Flecainide and Eliquis and also her Toprol XL that she takes for hypertension. No abnormal bruising or bleeding; no other concerns today.

PE: Vitals: WNL; ROS: Negative; PE: WNL

A: **I48.19 Other persistent atrial fibrillation**
D68.69 Secondary hypercoagulable state due to atrial fibrillation

P: Continue Flecainide for rhythm control, Eliquis for anticoagulation, and Toprol XL for hypertension as prescribed. Refills sent to patient's pharmacy. Return to clinic in three months for scheduled AWV and chronic disease management follow-up, sooner if patient has any issues.

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[i] Atrial Fibrillation | cdc.gov
[ii] Atrial Fibrillation - Cardiovascular Disorders - Merck Manuals Professional Edition