

Focus on: Atrial Fibrillation

February is American Heart Month

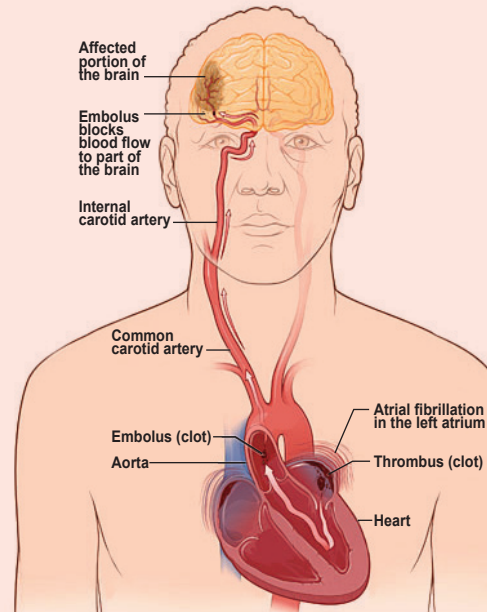
QUICK FACTS

- The prevalence of atrial fibrillation increases with age, reaching 8.8% for individuals between 80 and 89 years of age.¹
- The median age of patients with atrial fibrillation is approximately 75 years, with about 70% between the ages of 65 and 85 years.²
- It is estimated that 2.2 million people in the United States have paroxysmal or persistent atrial fibrillation.²
- According to the American College of Cardiology, atrial fibrillation is the most common form of arrhythmia in clinical practice and accounts for 33% of hospital admissions for cardiac rhythm disturbances.²



FACTS ABOUT ATRIAL FIBRILLATION AND THE ELDERLY

- Every year, between 3 to 8% of people in their 80s with atrial fibrillation will suffer a stroke.²
- Atrial fibrillation frequently occurs in the elderly in association with other conditions, such as hypertension (about 50%) and carotid stenosis (about 12%).²
- With persistent atrial fibrillation, elderly individuals may also suffer from related cognitive impairment.³
- Age > 75 years is one of several risk factors for stroke in patients with atrial fibrillation, and anticoagulation with warfarin is strongly advised unless clear contraindications are present.³



DOCUMENTATION TIPS⁴

Even though the patient presents for care with condition(s) not chiefly regarding the A-fib, it is appropriate to assign a code for *chronic* A-fib (**427.31**) as an additional code, providing the condition has been evaluated and is listed in the final diagnostic statement.

- The rationale is that the patient requires ongoing medication for control of this condition. Treatment with ongoing medication should be clearly documented (e.g. atrial fibrillation stable on...)

Do not assign codes solely from lab reports, medication sheets, etc.

- The pertinent findings should be documented in the progress note and a definitive diagnosis clearly stated.

Conditions that are being treated should be documented in the assessment with their status - stable, worsening, improving - and any associated treatment.

CODING HIGHLIGHTS⁴

Atrial fibrillation is coded to 427.31

If treatment of A-fib includes chronic use of anticoagulants (except aspirin), code also V58.61 (Long-term "current" use of anticoagulants).

¹ English, K. "Managing Atrial Fibrillation in Elderly People." *BMJ* 1999; 318:1088-1089.

² ACC/AHA/ESC "2006 Guidelines for the Management of Patients with Atrial Fibrillation." American College of Cardiology. <www.acc.org>.

³ Falk, RH. Medical Progress. "Atrial fibrillation." *New England Journal of Medicine* 2001; 344:1067-1078.

⁴ AHA, *Coding Clinic* 3rd Q. Chicago, IL: American Hospital Association, 1995. Print.