



**February is
American Heart Month**

FOCUS ON: ATRIAL FIBRILLATION

HOW COMMON IS ATRIAL FIBRILLATION?

Atrial fibrillation (AF) is the most common arrhythmia in clinical practice, accounting for approximately one-third of hospitalizations for cardiac rhythm disturbances.¹ After the age of 80, the incidence of Atrial Fibrillation is greater than 8%.

WHAT IS ATRIAL FIBRILLATION AND HOW IS IT DEFINED?

Atrial fibrillation is an irregular heartbeat, which may occur in episodes lasting from minutes to weeks, or it could occur all the time for years. The natural tendency of AF is to become a chronic condition. The diagnosis can be made clinically by evaluation of the pulse for irregularity and confirmed by EKG. The American College of Cardiology (ACC) and American Heart Association (AHA), recommend in their guidelines the following classification system based on simplicity and clinical relevance.¹

CLASSIFICATION SYSTEM	
AF Category	Defining Characteristics
First detected	Only one diagnosed episode
Paroxysmal	Recurrent episodes that self-terminate in less than seven days.
Persistent	Recurrent episodes that last more than seven days
Permanent	An ongoing long-term episode

Always document and code other conditions when present.

For example, an atrial fibrillation patient with congestive heart failure, and on long term coumadin would be coded for AF, CHF and for long term use of anticoagulants (427.31, 428.0, and V58.61).

Patients that have had AF and are in sinus rhythm due to medications should be coded as atrial fibrillation. An example is a patient that is on digoxin or Amiodarone to prevent the recurrence of atrial fibrillation.

Always...

- Document description of the patient's condition, using terminology, which includes specific diagnoses as well as symptoms, problems, or reasons for the encounter to be chiefly responsible for the services provided. Also list additional codes that describe any coexisting conditions such as chronic A-Fib.²
- 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; as ongoing medication for control of this condition is required.³
- If treatment of A-fib includes chronic use of anticoagulants (except aspirin), code also V58.61 (*Long-term "current" use of anticoagulants*).³

Documentation and Coding Tips³

1. Unilateral iliopsoas muscle hematomas due to anticoagulant use for chronic A-fib:
 - 729.92 Nontraumatic hematoma of soft tissue
 - 427.31 Chronic atrial fibrillation**
 - V58.61 Long-term (Current) use of anticoagulants
 - E934.2 Drugs, medicinals causing adverse effects in therapeutic use (anticoagulants)
2. Syncope due to chronic A-fib:
 - 780.2 Syncope and collapse
 - 427.31 Chronic atrial fibrillation**
3. Palpitations due to A-fib:
 - 785.1 Palpitations
 - 427.31 Chronic atrial fibrillation**
4. Shortness of breath due to A-fib:
 - 786.05 Shortness of breath
 - 427.31 Chronic atrial fibrillation**
5. Spontaneous ecchymoses due to anticoagulant use for chronic A-fib:
 - 782.7 Spontaneous ecchymoses (petechiae)
 - 427.31 Chronic atrial fibrillation**
 - V58.61 Long-term (Current) use of anticoagulants
 - E934.2 Drugs, medicinals causing adverse effects in therapeutic use (anticoagulants)

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This information is for informational purposes only and does not replace the professional judgment and expertise of the individual performing coding based on numerous factors including, but not limited to, documentation in the medical record and other industry recognized coding guidance. Because codes, coding requirements and standards can and do change, the individual assigning codes is reminded to verify the accuracy, specificity, currency and acceptability of such codes and coding methods used.

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1 Fuster V, Rydén LE, Cannom DS, et al. (2006). "ACC/AHA/ESC 2006 Guidelines for the Management of Patients with Atrial Fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the European Society of Cardiology Committee for Practice Guidelines (Writing Committee to Revise the 2001 Guidelines for the Management of Patients With Atrial Fibrillation): developed in collaboration with the European Heart Rhythm Association and the Heart Rhythm Society".
 2 The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). "ICD-9-CM Official Guidelines for Coding and Reporting." Department of Health and Human Services. DHHS, 2010, October. Web. 8 Aug 2010. <http://www.cdc.gov/nchs/data/icd9/icdguide10.pdf>
 3 AHA, Coding Clinic. 3rd Q. USA: American Hospital Association, 1995. Print