Documentation and Coding:
Specified Heart Arrhythmia

CMS-HCC_V28 Model Updates

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and **ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, specifically for common types of **Specified Heart Arrhythmia**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Specified Heart Arrhythmia. Heart rhythm problems occur when the electrical impulses in the heart don't function properly, causing the heart to beat too fast, too slowly or irregularly.

Clinical Documentation Should Include	
Status of Condition	▪ Stable, Improved, Worsening, or Resolved
Severity/Acuity	▪ Acute, Acute on Chronic, or Chronic
Risk Factors	▪ Smoking, Obesity, or Other Chronic Condition
Link Associated Conditions with Terms	▪ Due to, Secondary to, or Associated with
Treatment Plan	▪ Permanent pacemakers/ICD ▪ Lifestyle changes and/or any referral given ▪ Any recurrent and/or severe complication due to condition ▪ Medications: Acebutolol, Digoxin, Norvasc, Anticoagulant therapy ▪ Diagnostic Tools: ECG/EKG, ECHO, Holter monitor, MRI, Stress test ▪ Surgical Procedures: i.e., Angiography, Transcutaneous pacing, Catheter ablation, Ablation, etc.

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Type of Heart Arrhythmia Only HCC Conditions have an ICD-10-Code		
Atrioventricular Block	**Paroxysmal Tachycardia**	**Other Cardiac Arrhythmias**
■ 1st Degree ■ 2nd Degree, Mobitz, Wenckebach's ■ 3rd Degree, Complete (**I44.2**) ■ Atrioventricular ■ Other ■ Left anterior fascicular ■ Left posterior fascicular ■ Fascicular block, Lt bundle-branch-hemiblock ■ Other fascicular ■ Lt bundle-branch	■ Re-entry ventricular arrhythmia (**I47.0**) ■ Supraventricular tachycardia, unspecified (**I47.10**)† ■ Inappropriate sinus tachycardia (**I41.11**) ■ Other supraventricular tachycardia (**I47.19**) ■ Ventricular tachycardia, unspecified (**I47.20**)† ■ Torsades de Pointes; Bouveret (-Hoffman) syndrome (**I47.21**) ■ Other ventricular tachycardia (**I47.29**) ■ Paroxysmal tachycardia, unspecified (**I47.9**)†	■ Ventricular Fibrillation (**I49.01**) ■ Ventricular Flutter (**I49.02**) ■ Atrial Premature Depolarization ■ Junctional Premature Depolarization (**I49.2**) ■ Ventricular Premature Depolarization ■ Premature Beats NOS ■ Other Premature Depolarization ■ Sick Sinus Syndrome (**I49.5**) ■ Other Specified Arrhythmias

†Use only if no other code describes the condition.

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ICD-10 Codes	Descriptions
Z95.*	**Presence of** cardiac and vascular implants and grafts
Z86.79	**Personal history** of other diseases of the circulatory system
R00.*	Abnormalities of heartbeat

*Requires additional digit to complete the code.

Coding Tips

- Code **all chronic conditions** that are currently being treated.

- Document to the **highest level of specificity** for appropriate ICD-10 code assignment.

- Other Include terms for code **I47.19** - Atrial (Paroxysmal) Tachycardia:
  - Atrioventricular [AV] (paroxysmal) tachycardia
  - Atrioventricular re-entrant (nodal) tachycardia [AVNRT] [AVRT]
  - Junctional (paroxysmal) tachycardia
  - Nodal (paroxysmal) tachycardia

- For **I47.21** - Torsades De Pointes, code also, if applicable, long QT Syndrome (**I45.81**) and use additional codes for adverse effect, if applicable, to identify drug (T36–T50 with fifth or sixth character 5*).

Coding Examples

Case 1	Rationale
A patient presented with palpitations and presyncope symptoms, which he experienced while going from a sitting to a standing position. The provider diagnosed sinus bradycardia and multiple premature ventricular contractions. Code **I49.3**, Ventricular premature depolarization, cannot be assigned with code **R00.1**, Bradycardia, unspecified, based on the Excludes1 note at category, I49-, Other cardiac arrhythmias. However, there is an Excludes2 note at category R00-, Abnormalities of heartbeat, which allows the reporting of codes in that category with specified arrhythmias (**I47–I49**). Should codes for sinus bradycardia and premature ventricular contractions be assigned together?	Assign both code **I49.3**, Ventricular premature depolarization, and code **R00.1**, Bradycardia, unspecified. Although there is an Excludes1 note at category I49-, Other cardiac arrhythmias, for sinus bradycardia, these are distinct (unrelated) cardiac conditions, which can exist independently. To convey the complete clinical picture, code both conditions. AHA Coding Clinic 2020, 2nd Quarter

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Case 2	Rationale
A patient who was admitted due to syncopal episodes was diagnosed with a complete heart block. The cardiologist noted that the electrocardiogram (ECG) showed a complete AV block with periods of asystole over six seconds with conversion to sinus bradycardia. There was no mention of cardiac arrest. During the stay, a permanent pacemaker was placed and the patient was discharged in stable condition. Is it appropriate to assign an additional code for the asystole?	No. Assign only code **I44.2**, Atrioventricular block, complete. It would not be appropriate to code asystole (cardiac arrest) when a brief pause of electrical activity with spontaneous recovery of sinus rhythm is noted on an ECG. In this case, the brief periods of asystole are due to the complete heart block. AHA Coding Clinic 2019, 2nd Quarter

Questions?

Contact us at **#Risk_Adjustments_and_clinical_Documentation@healthfirst.org**.

For additional documentation and coding guidance, please visit the coding section at **HFproviders.org**.

References

- **CodingClinicAdvisor.com**
- **ICD-10-CM Official Coding Guidelines, FY 2024**
- **UCSF Health, Complete Heart Block Treatments**