

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

Documentation and Coding

Clinical Documentation Should Include

Treatment Plan	<ul style="list-style-type: none"> • Permanent pacemakers/Implantable Cardioverter Defibrillator • 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-CM Code

Atrioventricular Block	Paroxysmal Tachycardia	Other Cardiac Arrhythmias
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Re-entry ventricular arrhythmia (I47.0) • Supraventricular tachycardia, unspecified (I47.10)[†] • Inappropriate sinus tachycardia, so stated (IST) (I47.11) • 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)[†] 	<ul style="list-style-type: none"> • 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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Documentation and Coding

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 digits to complete the diagnosis 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 Example

Case	<p>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.</p> <p>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?</p>
Rationale	<p>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.</p> <p>AHA Coding Clinic 2019, 2nd Quarter</p>

Documentation and Coding

Questions?

Contact us at [#Risk Adjustments and clinical Documentation@healthfirst.org](mailto:#Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

For additional documentation and coding guidance, please visit the coding section on [HFproviders.org](https://www.healthfirst.org/HFproviders.org).

References

- [CodingClinicAdvisor.com](https://www.codingclinicadvisor.com)
- [ICD-10-CM Official Guidelines for Coding and Reporting, FY 2024](#)
- [UCSF Health, Complete Heart Block Treatments](#)

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