Documentation and Coding:
Coding Atrial Fibrillation (AFib)

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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 on services submitted to Healthfirst specifically for atrial fibrillation. 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.

This tip sheet will offer guidance on how to submit diagnosis code with greater specificity for coding **atrial fibrillation (AFib)**.

Persistent Atrial Fibrillation	Chronic Atrial Fibrillation	Typical Atrial Flutter	Atypical Atrial Flutter
Long-standing I48.11	Chronic I48.20	Type I I48.3	Type II I48.4
Other I48.19	Permanent I48.21		

Clinical Documentation Should Include

Updated Status of Condition	Specify Type of AFib	Any Risk Factors	Link Associated Conditions with Terms	Include Treatment Plan
Stable, Improved, and/or Worsening	Paroxysmal, Persistent, or Chronic	e.g., Smoking, Obesity	"Due to," "Secondary to," or "Associated with"	■ Medications to slow heart rate and to control heart rhythm ■ Blood-thinning medications, surgical procedures, and any diagnostic tools ordered ■ Details of scoring tool (CHADs2 or CHAsDS2-VASc) if used ■ Lifestyle changes and any referral given

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Coding tips

- ✓ In an inpatient setting, **persistent AFib** needs to be reported as a confirmed diagnosis.

- ✓ When **multiple types of AFib** are documented in the record, select the most specific type.

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

- ✓ AFib is still reported as long as the patient requires **ongoing medication** to help control the rate.

- ✓ AFib is very common in **postoperative patients** and should be verified as a complication before coding it.

Coding Examples

Question 1	
A 68-year-old man with a history of hypertension, chronic obstructive pulmonary disease (COPD), and coronary artery disease (CAD) was admitted to the hospital for evaluation of AFib. While in the hospital, the patient's AFib was controlled using antiarrhythmic drugs. The provider's final diagnostic statement listed "chronic persistent atrial fibrillation." Since there are unique codes for both chronic and persistent AFib, which code is more appropriate: I48.1, persistent AFib, or I48.2, chronic AFib?	
AHA Coding Clinic 2019 Second Quarter Rationale	Assign only code I48.1, Persistent AFib, as the principal diagnosis. Persistent AFib is an abnormal heart rhythm that continues for seven days or longer, or that requires repeat electrical or pharmacological cardioversion. Chronic AFib is a nonspecific term that could be referring to paroxysmal, persistent, long-standing persistent, or permanent AFib. Since code I48.2 is nonspecific, code I48.1 is a more appropriate code assignment.

Example 2	
In the alphabetic index, the different types of AFib all appear at the same indentation level under "fibrillation, atrial." If a provider documents various types of AFib, such as chronic, persistent, and permanent, would separate codes be assigned for each type of AFib?	
AHA Coding Clinic 2019 Second Quarter Rationale	Assign only one code for the specific type of AFib, since some of the terms are less specific, such as chronic AFib, and some of the different types of AFib cannot clinically occur at the same time. For example, if the provider documents both chronic and persistent AFib, assign only code I48.1, persistent atrial fibrillation. Persistent AFib typically may require repeat pharmacological or electrical cardioversion and does not stop within seven days. Long-standing persistent AFib is persistent and continuous, lasting longer than one year. Permanent AFib is long-standing persistent atrial fibrillation where cardioversion is not indicated or cannot be performed.

Providers SHOULD AVOID:

- Documenting AFib as a confirmed condition if it is suspected; rather, document signs and symptoms in the absence of a confirmed diagnosis.

- Describing AFib as **"history of"** if the condition is still active (in diagnosis, **"history of"** implies the condition has resolved or no longer exists).

- Using words that imply uncertainty **("likely," "probable," "apparently," "consistent with," etc.)** to describe a current or confirmed diagnosis.

For questions, please contact us at **#Risk_Adjustments_and_clinical_Documentation@healthfirst.org**.

Reference: **American Heart Association; Coding Clinic; AAPC.com; ICD-10-CM Guidelines 2021; AHIMA.org**