Atrial Fibrillation

AF is associated with a 5-fold increased risk of stroke (which increases with age), a 3-fold increased risk of heart failure (HF), and a 2-fold increased risk of both dementia and death.

Atrial Fibrillation (AF) is a common rhythm disturbance, which increases in prevalence with advanced age. Frequent hospitalization, hemodynamic compromise, and thromboembolic events related to AF result in significant morbidity and mortality.

Atrial Fibrillation classifies to the following specified ICD-10 codes:

- Paroxysmal
- Persistent
- Permanent

ICD-10-CM	DESCRIPTION
I48.0	Paroxysmal Atrial Fibrillation-intermittent, stopping by itself within 7 days
I48.11	Long-Lasting Persistent Atrial Fibrillation-lasts longer than a year and subject to rhythm control strategy
I48.19	**Other persistent atrial fibrillation** NOS chronic persistent atrial fibrillation and persistent atrial fibrillation. Continuous atrial fibrillation that lasts more than seven days
I48.20	Chronic, unspecified (use of one of the more specific descriptive terms is preferred)
I48.21	**Permanent atrial fibrillation** Atrial fibrillation that occurs when an irregular heart rhythm is unable to be corrected with treatment and continues indefinitely
I48.91	Unspecified Atrial Fibrillation-physician does not know or state type (common with new onset aFib)

Clinical Pearl: The diagnosis of AF is based on the patient's clinical history and physical exam. All patients should have the diagnosis confirmed with an electrocardiogram (ECG). Obesity, smoking, exercise and increased age may contribute to an increased risk of AF. Some of these risks are preventable through lifestyle changes such as weight loss, smoking cessation and control of blood pressure

To validate the reporting of this condition / diagnosis accurately document the following:

- All applicable descriptors (paroxysmal, persistent, permanent, etc.)
- Signs and symptoms (irregular rhythm, tachycardia, lightheadedness, chest pain, palpitations, shortness of breath, fatigue, etc.) and link them to the aFib as appropriate.
- Status (controlled by medication, stable, worsening, improving, etc.)
- Historical with risk of recurrence versus current
- Note: Do not use the descriptor "history of" to describe current atrial fibrillation. Report "history of aFib" only if the patient's aFib is resolved and not being treated.
- Clearly link atrial fibrillation to any medications specifically used for active treatment. Specific and concise treatment plan with clear linkage for each medication. (eg: anti-arrhythmic to control heart rate and rhythm, long-term use of anticoagulant to prevent blood clots)

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