

Risk Coding Tips and Tools

Atrial Fibrillation

Atrial fibrillation (AFib) is still reported as long as the patient requires ongoing medication to help control the rate. It is very common in postoperative patients, and it should be verified as to whether it is a complication of surgery.

Documentation Tips:

- The subjective section of the office note should document all symptoms related to Atrial Fibrillation.
- In the objective section, include any current physical exam findings and related diagnostic results.
- For the final diagnosis, only document one type of atrial fibrillation to the **highest level of specificity**.
- Avoid describing AFib as “**history of**” if it is still active (“**history of**” implies the condition is resolved or no longer exists).

Types of Specificity:

- Paroxysmal - begins suddenly and stops on its own.
- Persistent – persists and does not stop on its own within seven days.
- Permanent – persistent or longstanding persistent where cardioversion cannot or will not be performed.
- Chronic (unspecified) – may refer to any persistent, longstanding persistent or permanent atrial fibrillation.
- Longstanding Persistent – persistent and continuous atrial fibrillation lasting more than 12 months.

Physician Documentation Examples

Example 1: I48.0-Paroxysmal Atrial Fibrillation

HPI: Hospital follow-up. Patient experienced paroxysmal AFib post hysterectomy. Given Bisoprolol in the hospital, she returned to normal rhythm. Recovery has been uncomplicated. States she is feeling well.

Assessment/Plan:

Diagnosis- Paroxysmal Atrial Fibrillation.

Status- Stable, in sinus rhythm today.

Plan- Continue meds, follow-up with Cardiology to consider anticoagulation.

You can find this resource and others like it in the OHN Risk Coding Corner at www.OrlandoHealth.com/Network/Resources.

You can also contact us at RiskCoding@OrlandoHealth.com for additional questions or support needs.

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Physician Documentation Examples

Example 2: I48.21-Permanent Atrial Fibrillation

HPI: Patient with Permanent AFib, needing a pacemaker at this point but hesitant about surgery. Today, patient reports being symptomatic with continued palpitations. Rate uncontrollable with medications and has failed cardioversion. On Warfarin. Seeing Cardiology regularly.

Physical Exam:

Constitutional:

Appearance: He appears *tired/fatigued*.

Cardiovascular:

Rate and Rhythm: irregularly irregular.

Heart sounds: No murmur heard.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Abdominal:

General: Abdomen is flat. Bowel sounds are normal.

Palpations: Abdomen is soft.

Musculoskeletal:

General: Normal range of motion.

Psychiatric:

Mood and Affect: Mood normal.

Assessment/Plan:

Diagnosis- Permanent Atrial Fibrillation.

Status- Stable.

Plan- Continue meds, following up with Cardiology, considering a pacemaker.

References:

Boy, K. (2023). *Atrial fibrillation*. Health Information Associates. <https://hiacode.com/blog/education/atrial-fibrillation>

Mayo Clinic. (n.d.). *Atrial fibrillation*. MayoClinic.org. <https://www.mayoclinic.org/diseases-conditions/atrial-fibrillation/symptoms-causes/syc-20350624>

Remer, E., E. (2020). *Atrial fibrillation and pacemakers: can both be coded?* ICD10 Monitor.

<https://icd10monitor.medlearn.com/atrial-fibrillation-and-pacemakers-can-both-be-coded/>

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