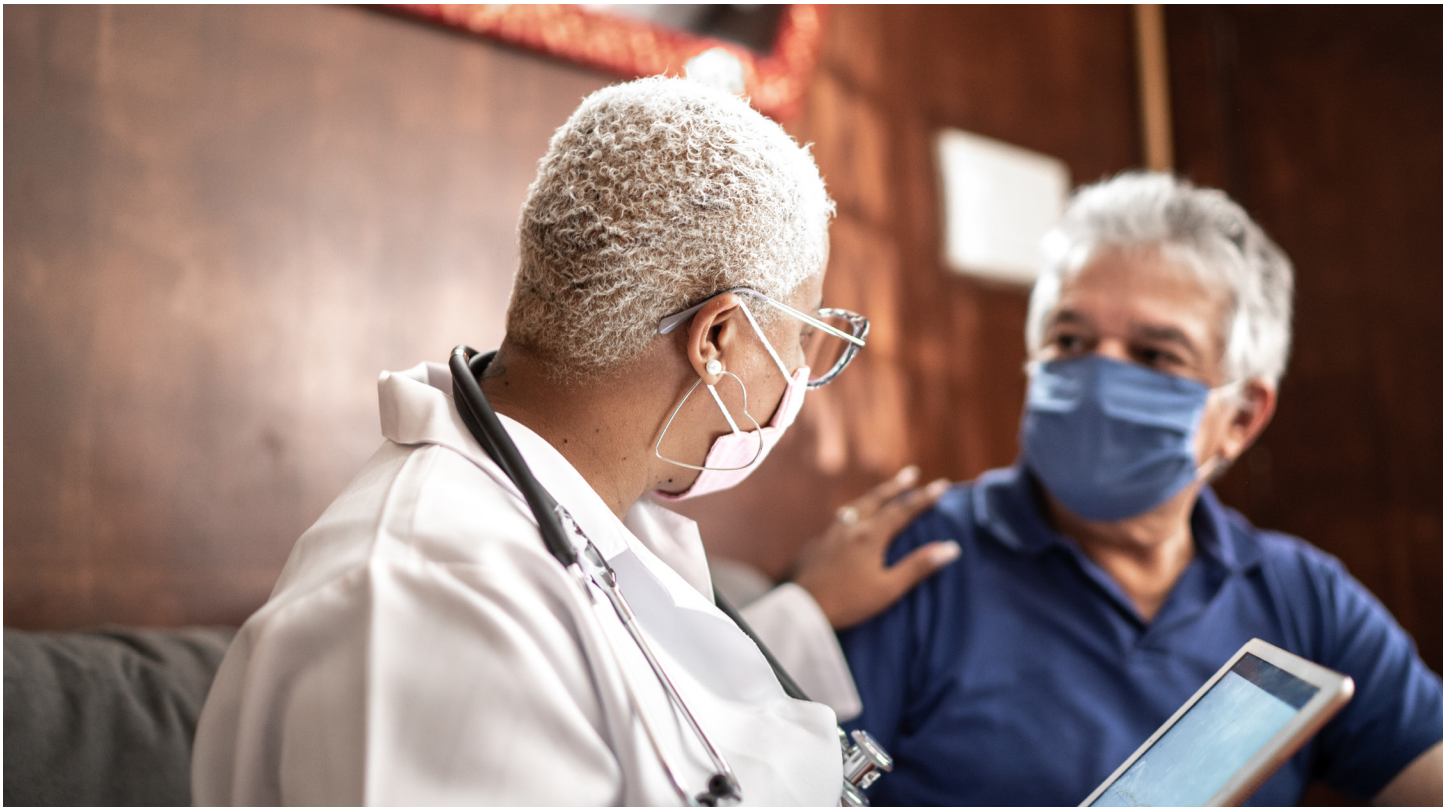
BlueCross BlueShield of Oklahoma

Documentation and Coding

Atrial Fibrillation



High quality documentation and complete, accurate coding can help capture our members' health status and promote continuity of care. Below are resources for documenting and coding atrial fibrillation (AF). This information is from the **ICD-10-CM Official Guidelines for Coding and Reporting** and other resources noted below.*

Codes for AF Types

According to ICD-10-CM guidelines, these four unique codes describe the types of AF:

- **Persistent AF (I48.11)** describes AF that does not terminate within seven days, or that requires repeat pharmacological or electrical cardioversion.
- **Permanent AF (I48.21)** is persistent or longstanding persistent AF where cardioversion cannot or will not be performed, or is not indicated.
- **Chronic AF, unspecified (I48.20)** may refer to any persistent, longstanding persistent or permanent AF.
- **Chronic persistent AF** has no widely accepted clinical definition or meaning. **Code I48.19, Other persistent atrial fibrillation**, should be assigned.

ICD-10-CM AF Codes	
Paroxysmal Atrial Fibrillation	I48.0
Persistent Atrial Fibrillation	I48.1x
Chronic Atrial Fibrillation	I48.2x
Typical Atrial Flutter	I48.3
Atypical Atrial Flutter	I48.4
Unspecified Atrial Fibrillation	I48.91
Unspecified Atrial Flutter	I48.92

Active AF vs. "History of" AF

- In coding, "history of" indicates a condition is no longer active.
- Document in the note any current associated physical exam findings (such as irregular heart rhythm or increased heart rate) and related diagnostic testing results.
- Only one code may be assigned for a specific type of AF. The type of AF (paroxysmal, persistent, permanent or history of) should be documented consistently throughout the note to avoid unspecified codes that don't fully define the member's condition.

Best Practices

- Include member demographics, such as name and date of birth, and date of service in all progress notes.
- Document legibly, clearly and concisely.
- Ensure documents are signed and dated by a credentialed provider.
- Document how each diagnosis was monitored, evaluated, assessed and/or treated on the date of service.
- Note complications with an appropriate treatment plan.
- Take advantage of the Annual Health Assessment or other yearly preventative exam as an opportunity to capture all conditions impacting member care.

* **For more details, see:**

- **2021 ICD-10-CM Official Guidelines for Coding and Reporting,** Chapter 9: Diseases of the Circulatory System
- AHA Coding Clinic, Q2, Q4 2019
- Centers for Medicare & Medicaid Services **Risk Adjustment Data Validation (RADV) Medical Record Checklist and Guidance**
- Blue Cross and Blue Shield of Oklahoma (BCBSOK) **Medicare Advantage Annual Wellness Visit Guide**

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