

CDI Tip of the Week

ATRIAL FIBRILLATION

The coding implications of **Atrial fibrillation** changed recently. Previously, for inpatient risk-adjustment, only PERSISTENT atrial fibrillation was a CC, a comorbid condition or complication. As of October 1, 2019, all *specified* types of AF EXCEPT paroxysmal are considered CCs. *All* variants of AF serve as HCCs (the population health risk-adjustment system).

Definitions:

- **Paroxysmal AF** is atrial fibrillation that self-terminates or is intervened on within 7 days of onset. Episodes may recur with variable frequency
- **Persistent AF** is when AF fails to self-terminate within 7 days. Episodes require pharmacological or electrical cardioversion to restore sinus rhythm, or it may be managed by rate control.
- **Long-standing persistent AF** is defined as persistent AF that has lasted more than 12 months.
- **Permanent AF** is diagnosed when a conscious decision is made by the patient and clinician to abandon pursuit of conversion. Clinically, chronic AF and permanent are equivalent; however, they each have their own code (depending on your verbiage in documentation).
- Examples:

Atrial fibrillation recently diagnosed at OSH. Cardioversion initially successful, but went back into AF 3 wk ago. Daughter decided anticoagulation was bigger risk than benefit. Now rate controlled.

The appropriate diagnosis for this is **PERSISTENT** atrial fibrillation.

Key documentation point: Provide as much specificity as you can!

Questions? Contact your Clinical Documentation Integrity Specialist