Atrial fibrillation

Clinical overview

Definition

Atrial fibrillation is an irregular heartbeat (arrhythmia) that can lead to blood clots, stroke, heart failure and other heart-related complications. In atrial fibrillation, the upper chambers of the heart (the atria) beat irregularly (quiver) instead of beating effectively to move blood into the ventricles.[1]

Types

- **Paroxysmal atrial fibrillation:** Intermittent in nature, terminating spontaneously or within seven days of treatment.[2]
- **Persistent atrial fibrillation:** Does not terminate within seven days or that requires repeat pharmacological or electrical cardioversion.[3]
- **Longstanding persistent atrial fibrillation:** Persistent and continuous atrial fibrillation lasting longer than a year.[3]
- **Permanent atrial fibrillation:** Persistent or longstanding persistent atrial fibrillation where cardioversion cannot or will not be performed or is not indicated.[3]
- **Chronic atrial fibrillation, unspecified:** May refer to any persistent, longstanding persistent or permanent atrial fibrillation. However, in clinical practice, use of one of the more specific descriptive terms is preferred over the use of the nonspecific term chronic atrial fibrillation.[3]
- **Chronic persistent atrial fibrillation:** Has no widely accepted clinical definition or meaning.[3]

Causes/risk factors[4]

- Heart diseases (e.g., coronary artery disease, cardiac valve disease and heart failure)
- Conditions such as high blood pressure, obesity, diabetes, chronic kidney disease, obstructive sleep apnea
- Sometimes the cause is unknown

Signs and symptoms[4]

- Heart palpitations, chest pain, fatigue
- Dizziness or lightheadedness, fainting (syncope), shortness of breath (dyspnea)
- There may be no symptoms

Diagnostic tools[4]

- Electrocardiogram (ECG or EKG), chest x-ray, echocardiogram, Holter monitor, implantable loop recording, exercise stress test
- Blood testing to check for other conditions, including those that could affect the atrial fibrillation treatment plan
- Physical exam

Treatment[4]

- Medications (e.g., blood thinners to prevent clots, beta blockers to slow heartbeat, antiarrhythmics for prevention)
- Medical procedures (e.g., electrical cardioversion, ablation or Maze procedure, pacemaker or Watchman implantation™)

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Best documentation practices for healthcare providers

Subjective

- The HPI sets the background for the patient's presenting problem, from when first diagnosed until this encounter.
- May include Review of Systems (ROS), Past, Family, and/or Social History (PFSH), Active Problems List.
- Document the presence or absence of any current patient-reported symptoms of atrial fibrillation (e.g., palpitations, weakness, fatigue).

Objective

Document any objective data to include physical exam findings, present at time of visit (such as "irregularly irregular" rhythm or increased heart rate and rhythm) and related diagnostic testing results.

Assessment

- Document current atrial fibrillation to the highest level of specificity, using all applicable descriptors (paroxysmal, persistent, longstanding, chronic, permanent).
- Include the current status (stable, worsening, improved, controlled, etc.).

Plan

- Document a clear and concise treatment plan for atrial fibrillation, linking related medications including the purpose of each medication (e.g., anti-arrhythmic versus anticoagulation).
- Include orders for diagnostic testing, plans for medical or surgical procedures, specialist referral(s) or consultation requests.
- Address any additional steps being taken to treat the patient.[5]

ICD-10-CM coding tips

- Unlike antiarrhythmic drugs, neither anticoagulant or antiplatelet therapy treat or control the atrial fibrillation arrhythmia itself. Rather, these drugs are used to prevent the complication of blood clot formation in the heart.[6]
- A coder cannot assume anticoagulation therapy is being used to treat atrial fibrillation when there is no documented link between the two in the record.
- Secondary hypercoagulable state - A link between atrial fibrillation and secondary hypercoagulable state is not required in the record as long as both conditions are present. Provider must document the hypercoagulable state is secondary for a coder to presume it is due to the atrial fibrillation.[7]

Additional reminders

- Temporary or transient atrial fibrillation that occurred in the past, if no longer present, should not be documented as if it is current. This is true even in the presence of ongoing, chronic anticoagulation therapy that is being used, just in case a historical atrial fibrillation should ever recur.
- The American Heart Association, along with American College of Cardiology & Heart Rhythm Society, further classifies paroxysmal atrial fibrillation as intermittent and can be present without treatment.[8]

Coding examples

Example 1	
Medical record documentation	68-year-old male with a known history of chronic persistent atrial fibrillation. The patient reports intermittent palpitations but denies chest pain, syncope or shortness of breath. No recent hospitalizations. Adherence to prescribed medications is confirmed. **Past medical history:** Hypertension, chronic persistent atrial fibrillation **Physical exam:** Cardiovascular: Regular rate and rhythm, no murmurs, rubs or gallops **Assessment and plan:** Chronic persistent atrial fibrillation, currently managed on Amiodarone
ICD-10-CM code	**I48.19** Other persistent atrial fibrillation
Rationale	Assign only code I48.19, Persistent atrial fibrillation, as the principal diagnosis. Persistent AF is an abnormal heart rhythm that continues for seven days or longer, or that requires repeat electrical or pharmacological cardioversion. Chronic atrial fibrillation is a nonspecific term that could be referring to paroxysmal, persistent, long standing persistent or permanent atrial fibrillation. Since code I48.2 is nonspecific, code I48.1 is a more appropriate code assignment.[9]

Example 2	
Medical record documentation	72-year-old female with a history of paroxysmal atrial fibrillation, who recently underwent catheter ablation. The patient reports ongoing episodes of palpitations and irregular heartbeats, occurring approximately once weekly. Each episode lasts 30–60 minutes and resolves spontaneously. No chest pain, syncope or severe dyspnea reported. **Past medical history:** Paroxysmal atrial fibrillation, s/p catheter ablation **Medications:** Metoprolol succinate 50 mg daily. Apixaban 5 mg twice daily. **Physical exam:** Cardiovascular: Irregularly irregular rhythm, no murmurs **Assessment and plan:** Paroxysmal atrial fibrillation, recurrent symptoms post-ablation. Continue current medications. Order 14-day ambulatory cardiac monitor to assess frequency and duration of atrial fibrillation episodes. Refer to electrophysiology for further evaluation and possible repeat ablation or alternative management. Follow-up in 4 weeks or sooner if symptoms worsen.
ICD-10-CM code	**I48.0** Paroxysmal atrial fibrillation
Rationale	Documentation supports paroxysmal atrial fibrillation as a current condition due to the recurrent symptoms status post catheter ablation.

Example 3	
Medical record documentation	79-year-old female with secondary hypercoagulable state and has a history of paroxysmal atrial fibrillation on anticoagulant maintenance. Currently she is taking 3.5mg of Coumadin daily. Denies any chest pain, palpitations and shortness of breath or dizziness. **Physical exam:** BP 120/82. Pulse 57. Respiration 16. Weight 150. Lungs clear to auscultation with no wheezes, rales or rhonchi. Heart regular rate and rhythm with no rubs, murmurs or gallops. **Assessment and plan:** 1. History of atrial fibrillation on long-term anticoagulant therapy * 2. Secondary hypercoagulable state Continue current dose of Coumadin at 3.5mg daily. Return to clinic in one month for recheck.
ICD-10-CM codes	**Z86.79** Personal history of other diseases of the circulatory system **Z79.Ø1** Long term (current) use of anticoagulants **D68.69** Other thrombophilia (secondary hypercoagulable state NOS)

Rationale	In the final assessment, atrial fibrillation is described as historical. A link between atrial fibrillation and secondary hypercoagulable state is not required in the record as long as secondary hypercoagulable state is documented.[7] *When atrial fibrillation is not documented as historical, rather paroxysmal or intermittent, and patient is on long term anticoagulant therapy, it would be coded as current I48.0 Paroxysmal atrial fibrillation.

References

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4. Cleveland Clinic. Atrial Fibrillation (Afib); Causes, Symptoms & Treatment. Cleveland Clinic. Published April 1, 2025. Accessed August 5, 2025. https://my.clevelandclinic.org/health/diseases/16765-atrial-fibrillation-afib#symptoms-and-causes
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8. Lawrence Rosenthal, MD, PhD, FACC, FHRS. Atrial Fibrillation Guidelines: Atrial Fibrillation Classification, Stroke Risk Assessment, Antithrombotic Therapy. Medscape.com. Published April 9, 2019. https://emedicine.medscape.com/article/151066-guidelines
9. American Hospital Association (AHA). Chronic persistent atrial fibrillation. *ICD-10-CM/PCS Coding Clinic*. 2019; Second Quarter ICD-10 2019:3.