DRGs 138/139 — Cardiac Arrhythmia & Conduction Disorders With or Without CC

ICD-9-CM Coding Guidelines

The below listed cardiac arrhythmia and conduction disorder guidelines are not inclusive. The coder should refer to the applicable Coding Clinic guidelines for additional information. The Centers for Medicare & Medicaid Services considers Coding Clinic, published by the American Hospital Association, to be the official source for coding guidelines. Hospitals should follow the Coding Clinic guidelines to assure accuracy in ICD-9-CM coding and DRG assignment.

Definition of Principal Diagnosis
The principal diagnosis is that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.

Two or more diagnoses may equally meet the definition for principal diagnosis as determined by the circumstances of admission, diagnostic work-up and/or therapy provided. Be aware that there is a difference between admitting a patient to treat two conditions and two conditions being present at the time of admission. The principal diagnosis is always the reason for admission.

Documentation to Support the Principal Diagnosis
Left bundle branch hemiblock, 426.2, other left bundle branch block, 426.3, and right bundle branch block, 426.4, have been identified by Medicare as questionable admissions when sequenced as the principal diagnosis. These diagnoses are not usually sufficient justification for admission to an acute level of care.

Coding Guidelines

Atrial fibrillation/stopped taking medication
A patient stopped taking his medication for atrial fibrillation. As a result, the patient required a hospital admission for medication adjustment. Assign code 427.31, atrial fibrillation and V15.81, noncompliance with medical treatment. The medical condition itself is coded when the patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of reduction in the dosage of medication. This is not considered a poisoning. (See Coding Clinic, second quarter 1999, page 17.)

Bradycardia/cardiac arrest
Symptoms that are integral to cardiac arrest, such as bradycardia and hypotension, are not assigned a code. (See Coding Clinic, third quarter 1995, pages 8 and 9.) Coding Clinic, fourth quarter 1997, page 37, supersedes this advice regarding hypotension. As of October 1, 1997, an additional code for post myocardial infarction hypotension can be assigned code 458.8, other specified hypotension.

Brugada syndrome
Brugada syndrome is characterized by episodes of fast, polymorphic, ventricular tachycardia in patients with an electrocardiogram showing a pattern of ST segment elevation and right bundle branch block. The disease is genetically determined with an autosomal dominant pattern of transmission. Assign codes 746.89, other specified anomalies of the heart, other and 426.4, right bundle branch block, plus each feature or manifestation of the syndrome that is present, such as polymorphic ventricular tachycardia, syncope and ventricular fibrillation. (See Coding Clinic, third quarter 2000, page 3.)
Chronic atrial fibrillation

The code for chronic atrial fibrillation, 427.31, can be assigned when the physician documents the condition in the medical record and the patient is receiving medication. (See Coding Clinic, third quarter 1995, page 8.)

Fistulization of pacemaker lead wire through the skin

An exploration of the neck with revision of the pacemaker lead, performed when a patient’s pacemaker lead wires protrude through the skin of neck, is assigned code 996.01, mechanical complication of cardiac device, implant and graft, due to cardiac pacemaker (electrode). Assign code 37.75, revision of lead (electrode) for the procedure. Exploration of the neck is included in the revision code. (See Coding Clinic, second quarter 1999, pages 11 and 12.)

Holiday heart syndrome

The term “holiday heart” is viewed with disfavor. Holiday heart syndrome consists of cardiac arrhythmias due to an acute ingestion of alcohol in patients without heart disease. There is no single code assignment. Assign a code for both cardiac arrhythmia and acute ingestion of alcohol. “Holiday heart” effect may also be seen in patients with a diagnosis of chronic alcohol consumption with associated congestive cardiomyopathy. This requires three codes. A code for the type of cardiac arrhythmia, alcoholic cardiomyopathy, 425.5, and acute alcoholic intoxication in alcoholism, dependent, 303.00. Any alcohol counseling services during the course of care would also be assigned code 94.46. (See Coding Clinic, July-August 1985, page 15.)

Jervell-Lange-Nielsen syndrome

Jervell-Lange-Nielsen syndrome is assigned code 426.82, long QT syndrome, as of October 1, 2005. Reference long QT syndrome (LQTS) for further information (see below). (See Coding Clinic, fourth quarter 2005, page 72.)

Long QT syndrome (LQTS)

As of October 1, 2005, a new code, 426.82, was created to identify long QT syndrome (LQTS). LQTS is a disorder of the heart’s electrical system characterized by a prolongation of the QT interval on electrocardiogram. A number of specified genetic defects have been identified as causes. It is associated with recurrent syncpe and sudden death, and usually affects children or young adults.

Other forms of LQTS, Jervell-Lange-Nielsen syndrome and Romano-Ward syndrome have been reindexed to code 426.82 as of October 1, 2005.

Do not confuse long QT syndrome, 426.82, with an electrocardiographic finding of long QT interval, 794.31. (See Coding Clinic, fourth quarter 2005, pages 72 and 73.)

Prior to October 1, 2005, congenital long QT syndrome was assigned code 746.89, congenital anomalies of heart, other. If torsades de pointes was present, assign code 427.1, paroxysmal ventricular tachycardia. Congenital long QT syndrome consists of a group of conditions associated with potentially fatal ventricular arrhythmia in both children and adults. (See Coding Clinic, first quarter 1995, page 8.)
**Misfiring of automatic implantable cardioverter defibrillator (AICD)**
Misfiring of an automatic implantable cardioverter defibrillator (AICD) is assigned code 996.04, mechanical complication of cardiac device, implant and graft due to automatic implantable cardiac defibrillator. Prior to October 1, 1994, this was coded 996.09, mechanical complication of cardiac device, implant and graft, other. (See *Coding Clinic*, second quarter 1993, page 9.)

**Neonatal bradycardia and tachycardia independent of stress of labor & delivery or other intrauterine complication**
New codes were created effective October 1, 2002, for neonatal bradycardia, 779.81 and tachycardia, 779.82, independent of stress of labor and delivery or other intrauterine complication. (See *Coding Clinic*, fourth quarter 2002, page 67.)

**Postural orthostatic tachycardia syndrome (POTS)**
Postural orthostatic tachycardia syndrome is characterized by excessive tachycardia only in the upright position, without evidence of a cardiac or metabolic disease, in combination with orthostatic symptoms like dizziness, lightheadedness or syncope. Assign code 427.89, other specified cardiac dysrhythmias, other, for POTS. If present, also code orthostatic hypotension, 458.0, and any neurological factors present. (See *Coding Clinic*, third quarter 2000, pages 8 and 9.)

**Premature ventricular contractions (PVCs)**
A patient with a history of premature ventricular contractions (PVCs) has an outpatient procedure and is admitted postoperatively:

A. To monitor PVCs which were not exacerbated by the procedure. Assign code 427.89, other premature beats for the PVCs. A complication code is only used if there is a causal relationship between the outpatient care and the condition. Because a condition develops following surgery or other care does not necessarily mean that it is a complication of that care.

B. To treat an increase or exacerbation of the PVCs resulting from the surgery. Assign code 997.1, cardiac complications, as principal diagnosis and code 427.89, other premature beats, as a secondary diagnosis to identify the specific condition. (See *Coding Clinic*, fourth quarter 1993, pages 42 and 43.)

**Romano-Ward syndrome**
Romano-Ward syndrome has been reindexed to code 426.82 as of October 1, 2005. See above under long QT syndrome (LQTS) for further information. Prior to October 1, 2005, it was assigned code 794.31. (See *Coding Clinic*, fourth quarter 2005, page 72.)

**Sick sinus syndrome (SSS)/pacemaker**
If a patient has sick sinus syndrome for which a pacemaker was implanted several years ago, no code assignment is necessary when no attention or treatment is provided to the condition or device. The use of code V45.01, cardiac pacemaker in situ, is optional as assignment of this code does not imply management of the pacemaker, only its presence. Prior to October 2, 1994, the code assignment was V45.0. (See *Coding Clinic*, volume 10, number 5, 1993, page 12.)

**Torsades de pointes (polymorphous or atypical ventricular tachycardia)**
Torsades de pointes is assigned code 427.1, paroxysmal ventricular tachycardia. It refers to a characteristic morphologic pattern of ventricular tachycardia occurring at rates between 200-250 beats per minute where complexes seem to rotate about a point. It is a serious arrhythmia that can lead to ventricular fibrillation. If it is a side effect or adverse reaction of quinidine sulfate medication, assign code 427.1 plus E942.0. (See *Coding Clinic*, March-April 1986, pages 11 and 12.)

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**Ventricular dysfunction**

Ventricular dysfunction is inappropriate terminology. Query the physician for a more definitive diagnosis such as congestive heart failure. Ventricular dysfunction, not otherwise specified, is assigned code 428.9, heart failure, unspecified. The ICD-9-CM index entry under dysfunction, heart, 427.9, refers to dysrhythmia. Since ventricular dysfunction is not a dysrhythmia, code 427.9 would be incorrect. (See Coding Clinic, second quarter 1989, page 10.)

**Ventricular tachycardia/cardiac arrest**

If a patient had ventricular tachycardia resulting in cardiac arrest, assign codes 427.1, paroxysmal ventricular tachycardia and 427.5, cardiac arrest. When the condition prompting a cardiac arrest is known, that condition is sequenced first followed by 427.5. (See Coding Clinic, third quarter 1995, page 9.)