CLINICAL DOCUMENTATION: ARRHYTHMIA

THE DIAGNOSIS	Arrhythmia
COMMON CONDITIONS INCLUDED IN HCC GROUP: 238	Paroxysmal tachycardia, unspecified – I47.9 Paroxysmal atrial fibrillation – I48.0 Longstanding persistent atrial fibrillation – I48.11 Chronic atrial fibrillation, unspecified – I48.20 Permanent atrial fibrillation – I48.21 Atrioventricular block, complete – I44.2
V28 MODEL CHANGES RAF score = 0.299	Supraventricular tachycardia (I47.1) no longer risk adjusts. Risk Adjustment Factor (RAF) score increased.
MEAT the DOCUMENTATION M= Monitor E = Evaluate A = Assess/Address T = Treat	Assessment and Plan example: Chronic atrial fibrillation (I48.20) Long term (current) use anticoagulants (Z79.01) Mrs. R is a 72-yo female who presents for her AWV. She saw her cardiologist, Dr. C, last month. Recent EKG continues to show chronic a-fib, despite cardioversion attempt last year. Per cardiology note, no changes in her medications. Pt is tolerating her rivaroxaban without incident. Pt's activity level is good for ADLs yet limited regarding exercise. She gets a little dizzy and c/o SOB. Follow-up in 4 months. M - Signs and symptoms, such as shortness of breath, dizziness. E - Test results or vital signs, such as EKG review. A - Order tests or patient discussion, such as ordering an exercise tolerance stress test.
IMPACT on QUALITY – HEDIS MEASURES	 T - Medications, therapy, or other modalities, such as rivaroxaban. CMS 156 - Use of High-Risk Medications in Older Adults Anticoagulants are considered a high-risk medication. If two or more high-risk medications are prescribed for the patient, then the patient will be in the denominator for this quality metric. Proper documentation and review of the patient's medications supports the accuracy of this quality metric.