Specified Heart Arrhythmias
A Quick Reference Guide for Providers

Specified heart arrhythmias refer to distinct types of irregular heart rhythms that result from abnormalities in the heart's electrical conduction system, such as atrial fibrillation, ventricular tachycardia, or supraventricular tachycardia. These conditions can range from benign to life-threatening and often require targeted diagnosis and treatment to manage symptoms and prevent complications

Most Common Types of Specified Heart Arrhythmias

- Atrial Fibrillation (AFib)
- Atrial Flutter
- Supraventricular Tachycardia (SVT)
- Sick Sinus Syndrome (SSS)
- Premature Atrial Contractions (PACs)
- Ventricular Tachycardia (VT)
- Ventricular Fibrillation (VF)
- Premature Ventricular Contractions (PVCs)
- Sinus Bradycardia
- Atrioventricular (AV) Block

Documentation Best Practices

- Type of arrhythmia
  - Clearly state the specific type of arrhythmia
  - Avoid generic terms like "irregular rhythm" or "arrhythmia." Instead, name the condition precisely. This eliminates ambiguity and ensures the medical record accurately captures the condition
  - e.g., atrial fibrillation, AV block, supraventricular tachycardia
- Chronicity
  - Specify whether the arrhythmia is paroxysmal, persistent, long-standing persistent, or permanent/chronic. This helps distinguish new vs. established conditions and impacts the selection of the correct ICD-10-CM code
  - e.g., paroxysmal, persistent, chronic/permanent
- Clinical relevance
  - Indicate whether the arrhythmia is active, stable, worsening, under evaluation, or resolved. Also mention if it's the reason for the visit, an incidental finding, or being managed as part of chronic care
- Include associated symptoms or findings if present
  - Document relevant clinical features such as palpitations, dizziness, syncope, fatigue, or shortness of breath. These support medical necessity and help link the arrhythmia to diagnostic work-up or therapeutic intervention
- Describe any treatment, management, or monitoring plan
  - Note whether the patient is being managed with medications, lifestyle changes, referred to cardiology, or scheduled for procedures (e.g., ablation, pacemaker placement). If a cardiac device is in place, mention whether it is being actively monitored or adjusted
- Avoid using vague or non-clinical terms
  - Refrain from terms like "possible arrhythmia," "irregular EKG," or "heart fluttering" without clarification. If further evaluation is needed, document the suspected diagnosis and the next steps
  - e.g., "Symptoms concerning for paroxysmal SVT; Holter monitor ordered"

For questions or more information, please contact:

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June 2025