



American Academy
of Value Based Care

Atrial Fibrillation

Quick Reference Guide

2026

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1. CLINICAL SNAPSHOT

Definition: Atrial fibrillation (AFib or AF) is a common supraventricular tachyarrhythmia characterized by rapid, disorganized electrical activity in the atria, causing them to quiver (fibrillate) rather than contract effectively. It is defined by an "irregularly irregular" heart rhythm, often resulting in a fast heart rate (tachycardia) and increased risk of stroke or heart failure.¹

ICD-10 Codes: The primary diagnostic range for atrial arrhythmias is **I48.x**. For 2026, clinicians should prioritize specific patterns over generic "unspecified" codes.^{2,3}

Atrial Fibrillation & Flutter (Primary Diagnostic Codes)- All map to HCC238 with RAF of 0.299

ICD-10 Code	Clinical Description	Key Clinical Distinction
I48.0	Paroxysmal Atrial Fibrillation	Self-terminating episodes ≤7 days
I48.11	Long-standing Persistent AF	Continuous AF >12 months
I48.19	Other Persistent AF	Sustained AF >7 days but <12 months
I48.20	Chronic AF, Unspecified	Persistent vs permanent not documented
I48.21	Permanent AF	Rhythm-control strategy discontinued after shared clinical decision
I48.3	Typical Atrial Flutter	Cavotricuspid isthmus–dependent flutter
I48.4	Atypical Atrial Flutter	Non-isthmus dependent flutter

Acute Heart Failure Associated With Atrial Fibrillation - All map to HCC 225 with RAF of 0.360

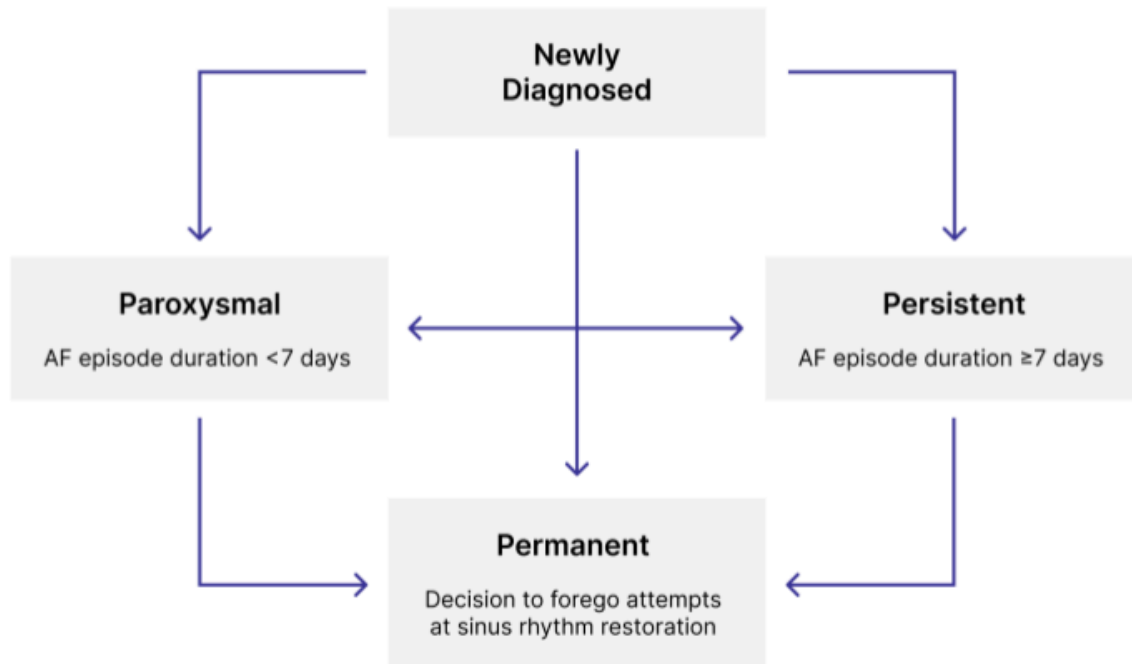
ICD-10 Code	Diagnosis
I50.21	Acute systolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.41	Acute combined systolic and diastolic heart failure

Acute on Chronic Heart Failure - All map to HCC 224 with RAF of 0.360

ICD-10 Code	Diagnosis
I50.23	Acute on chronic systolic heart failure
I50.33	Acute on chronic diastolic heart failure
I50.43	Acute on chronic combined systolic and diastolic heart failure

HCC/RAF V28: HCC 238 with RAF of 0.299. HCC 225 maps to RAF 0.360. HCC 224 maps to RAF 0.360.
Prevalence: Atrial fibrillation (AFib) affects approximately 10.55 million U.S. adults, or about 5% of the population.^{4,5} The incremental annual cost PMPY is estimated to be \$11,393 – \$12,789.⁶

Patterns of Atrial Fibrillation



2. RECOGNITION & DIAGNOSIS

Medicare Screening/Diagnostic Workup

Common Tools^{7,8}

Electrocardiogram (ECG/EKG): The gold standard for confirming AFib; required to document the irregularly irregular rhythm and absence of P waves

- **Ambulatory Rhythm Monitoring:** For patients with paroxysmal symptoms, Medicare covers Holter monitors (24–48 hours) or extended event recorders to capture transient episodes
- **Echocardiography (TTE):** Essential to evaluate for valvular disease, left atrial size, and left ventricular function, which dictates anticoagulation and rhythm control strategies
- **Laboratory Workup:**
 - TSH/Free T4: To rule out hyperthyroidism as a reversible trigger
 - Renal Function (GFR/CrCl): Necessary for the safe dosing of Direct Oral Anticoagulants (DOACs)
 - CBC and Coagulation Panel (INR): To establish a baseline before starting anticoagulation therapy

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