



Sick Sinus Syndrome

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

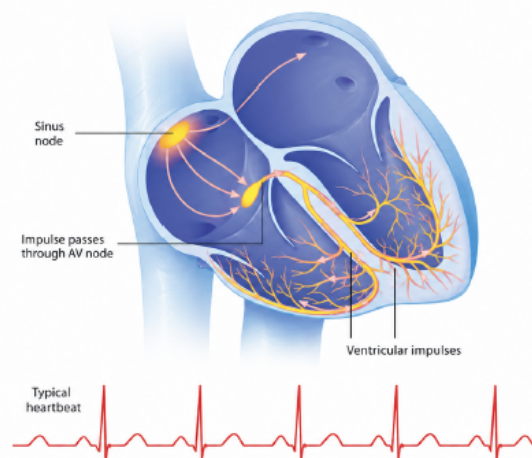
Definition: Sick sinus syndrome (SSS), also called **sinus node dysfunction (SND)**, is a spectrum of arrhythmias caused by **progressive fibrotic degeneration of the sinoatrial (SA) node**, the heart's natural pacemaker.^{1,2} **Subtypes include:** sinus bradycardia (sinus rate <50 bpm with correlating symptoms), sinus pause or arrest (**pauses >3 seconds** while awake), sinoatrial exit block (**dropped P waves** with group beating), tachycardia-bradycardia syndrome (**alternating bradycardia with atrial fibrillation** or other supraventricular tachyarrhythmia), and chronotropic incompetence (heart rate failure to reach $\geq 80\%$ of expected reserve with exertion).^{1,2} The **diagnostic gold standard** is **symptom-rhythm correlation**: neither an electrocardiographic finding nor a symptom **alone** establishes SSS.^{1,2} The **underlying fibrosis is irreversible**; a pacemaker compensates electrically but **does NOT cure the disease**.²⁻⁴

ICD-10 Codes:

I49.5 (Sick sinus syndrome) is the **only ICD-10 code** that **maps to SSS** for risk adjustment purposes.⁵ **Documentation must explicitly state** "sick sinus syndrome" or "sinus node dysfunction" → "sinus bradycardia" alone **does not support this code**.⁵ **Companion codes paired alongside I49.5 when present:** **Z95.0** (presence of cardiac pacemaker; **never replaces I49.5**), **I48.0** (paroxysmal AF), **I48.11** (longstanding persistent AF), **I48.20** (chronic/permanent AF), **I48.21** (persistent AF, unspecified) in tachy-brady syndrome, **Z45.018** (encounter for pacemaker adjustment/management; does not support the underlying SSS). Companion symptom/finding codes **when isolated or incidental**:⁵ **R00.1** (bradycardia, unspecified = a symptom code with **no HCC value**), **I47.11** (inappropriate sinus tachycardia).

Prevalence and Burden: SSS is most commonly diagnosed in the **7th or 8th decade** of life.⁶ The landmark ARIC/CHS prospective US cohort (n ≈ 19,893; mean follow-up 17 years) established incident SSS at **0.8 per 1,000 person-years** overall, rising with age.^{7,8} SSS-related hospitalization rates in the Medicare population range from **0.5 to 3.5 per 1,000 person-years**, increasing sharply with age.⁷ Projected US incidence will rise **from ~78,000 cases/year** (2012) to **~172,000/year** by 2060, driven almost entirely by growth in the ≥ 75 age group.^{6,7} SSS **independently elevates incident AF risk 5.75-fold** (HR 5.75; 95% CI 4.43–7.46) and **incident heart failure risk 2.87-fold** (HR 2.87; 95% CI 2.17–3.80).⁸ **Up to 50%** of patients with SSS develop AF as part of **tachy-brady syndrome**.⁹ SSS **independently elevates stroke risk in AF patients with low CHA₂DS₂-VASc scores** (HR 2.13; 95% CI 1.76–2.58).¹⁰ A 2024 Medicare claims study (n = 287,789) found 14-day patch monitors (LTCM) had the lowest 1-year incremental healthcare expenditures (**mean Δ\$10,159**) compared with mobile cardiac telemetry (**\$12,532**), making **monitor selection a high-leverage VBC decision**.¹¹

A healthy heartbeat starts with an electrical impulse beginning in the sinus node



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