CMS HCC disease interaction definition:
Interactions allow for a higher risk score for certain conditions when the presence of another disease is indicative of higher cost. Disease interactions are additive factors and increase payment accuracy. This additive factor for interaction applies to diagnoses within HCC 85 heart failure and HCC 96 specified heart arrhythmias.¹

Fast facts:
• Atrial fibrillation is the most common arrhythmia with a prevalence of 3.03 million patients in the US.²
• The incidence of atrial fibrillation increases with advancing age and is the cause of 750,000 hospitalization and approximately 130,000 deaths each year.³
• According to the American Heart Association (AHA), approximately 5.1 million people in the United States have heart failure and half of them die within 5 years of diagnosis.⁴,⁵
• Atrial fibrillation and heart failure have shared risk factors which include hypertension, diabetes mellitus, ischemic heart disease and valvular heart disease.⁶

Temporal relations of AF and CHF
Atrial fibrillation may precipitate heart failure with 7.8% of newly diagnosed AF patients developing CHF in the first year after diagnosis. It has also been observed that heart failure increases risk of atrial fibrillation.⁷ This may be due to sharing of risk factors but also because one may directly predispose to the other. For those with either condition, developing the second condition has a negative impact on survival.

For patients with AF the incidence of HF is 33 per 1000 person years and for those with HF the incidence of AF is approximately 54 per 100 person years.⁸

The Framingham Heart Study demonstrated that in patients with new onset AF, 26% had a concurrent or previous diagnosis of HF. An additional 16% of patients developed HF during the follow-up period. Among patients with new onset HF, 24% had concurrent or previous AF, and 17% developed AF during the 5.6 year follow up period.

Documentation tips:
Document, assess and report the applicable conditions in each category yearly. You do not need to link them or state a cause/effect relationship.

To support and accurately code heart failure, document:
• Clinical findings; signs/symptoms (fatigue, SOB/dyspnea, palpitations, angina, edema, etc.), lab/test results
• The type: congestive, right, left, systolic, diastolic, or combined systolic/diastolic
• Include the functional class and/or stage to indicate severity/progression
• If it is acute, chronic, or acute on chronic
• Status: asymptomatic, stable, compensated, decompensated, exacerbated, etc.
• Underlying cause, if known
• Complications, if any
• Plan of care
ICD-10 “Heart failure” codes:
- I50.1 Left ventricular failure
- I50.2 - Systolic (congestive) heart failure
  - 5th character = 0: Unspecified, 1: Acute, 2: Chronic, or 3: Acute on chronic
- I50.3 - Diastolic (congestive) heart failure
  - 5th character = 0: Unspecified, 1: Acute, 2: Chronic, or 3: Acute on chronic
- I50.4 - Combined systolic/diastolic (congestive) heart failure
  - 5th character = 0: Unspecified, 1: Acute, 2: Chronic, or 3: Acute on chronic
- I50.9 Heart failure, unspecified (CHF NOS)

To support and accurately code atrial fibrillation and other arrhythmias within HCC 96 document:
- Clinical findings: signs/symptoms
- The type: paroxysmal, persistent, chronic/permanent
- Plan of care

<table>
<thead>
<tr>
<th>Atrial fibrillation type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paroxysmal AF</td>
<td>Terminates spontaneously in &lt;7 days</td>
</tr>
<tr>
<td>Persistent AF</td>
<td>Continuous AF that is sustained &gt;7 days</td>
</tr>
<tr>
<td>Permanent AF</td>
<td>Does not terminate with attempts at pharmacologic or electrical cardioversion</td>
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</tbody>
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