PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

January 2025

Highmark Coding and Quality Knowledge College Rx HCCs

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Agenda

1. Overview of Rx HCCs
2. Documentation & Coding Considerations with Examples
   - Thyroid Disease
   - Osteoporosis
   - Hypertension
   - Hyperlipidemia
   - Coronary Artery Disease (CAD)
   - Migraines

1. HEDIS Guidelines
2. Other Resources

Overview of Rx HCCs

What are Rx HCCs?

The Prescription Drug Hierarchical Condition Category (RxHCC) risk adjustment model is a methodology used by the Centers for Medicare and Medicaid Services (CMS) to **predict a payer's expected costs of prescription drugs for their enrolled Part D members**. Members are **assigned a separate risk score for Part D** which may differ from their CMS-HCC risk score (Part C).

Many conditions are on both the CMS-HCC risk adjustment model (Part C) and Prescription Drug Hierarchical Condition Category (RxHCC) risk adjustment model; however, some conditions are only on one model.

- Conditions only on the RxHCC model are often managed through prescription drugs alone and do not require regular visits
- RxHCC only conditions are at risk of not being captured annually and not reflecting in the member's risk score.

Rx HCCs are captured through the same method as the CMS-HCC risk adjustment model.

- Medical documentation from an in person visit
- Corresponding ICD-10 code on a claim

Shifting Focus to Chronic Conditions

The Prescription Drug Hierarchical Condition Category (RxHCC) risk adjustment model is significantly shifting the focus from the member's demographics to their chronic conditions. Most common conditions are treated with prescriptions, making it imperative to acknowledge them annually to ensure appropriate funds are available for members.

Osteoporosis
Nearly 1 in 5 women and 1 in 20 men over the age of 50 are affected by osteoporosis.

Coronary Artery Disease
About 1 in 20 adults age 20 and older have CAD (about 5%)

Hypertension
Nearly half of adults have high blood pressure (48.1%, 119.9 million).

Migraine
5% of adults in the United States have migraine attacks in any given year.

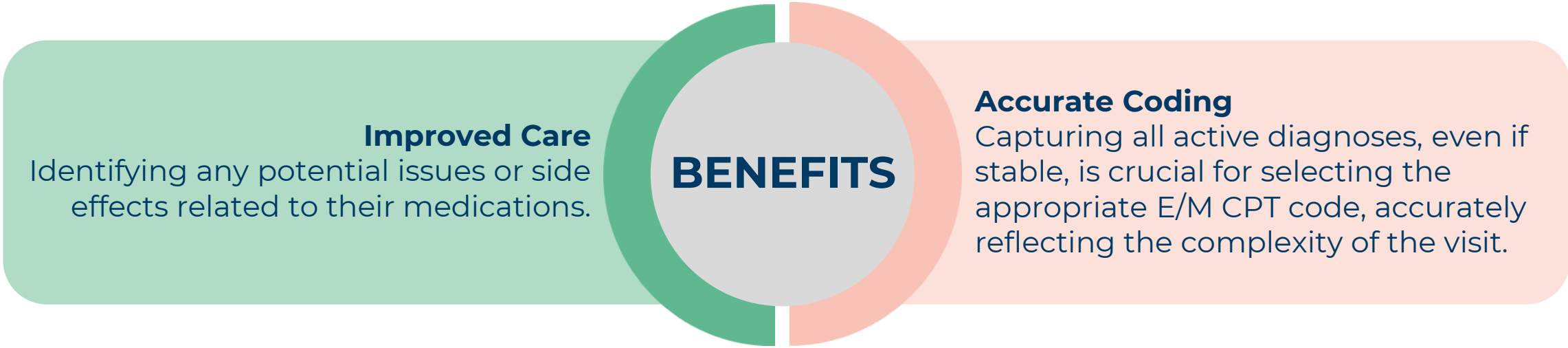
Thyroid Disease
An estimated 20 million Americans have some form of thyroid disease. Up to 60 percent of those with thyroid disease are unaware of their condition.

Hyperlipidemia
Slightly more than half of US adults (54.5%, or 47 million people) who could benefit from cholesterol medicine are currently taking it.

https://www.cdc.gov/cholesterol/data-research/facts-stats/index.html; https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html; https://www.thyroid.org/media-main/press-room/ ; https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/index.html; https://pubmed.ncbi.nlm.nih.gov/36623287/; https://www.cdc.gov/radiation-health/data-research/facts-stats/dexa-scan.html

The Importance of Addressing Rx HCCs

Chronic conditions, while often stable on medication, can be easily overlooked during routine assessments, especially when patients are asymptomatic. Annual wellness visits provide a critical opportunity for comprehensive medication reviews. A comprehensive review of all active prescriptions and their active associated diagnoses helps ensure a complete understanding of the patient's clinical picture.



Diligently documenting all active prescriptions and their associated active diagnoses helps paint a complete picture of the patient's health status, ensuring we accurately reflect their true burden of illness.

Thyroid Disease

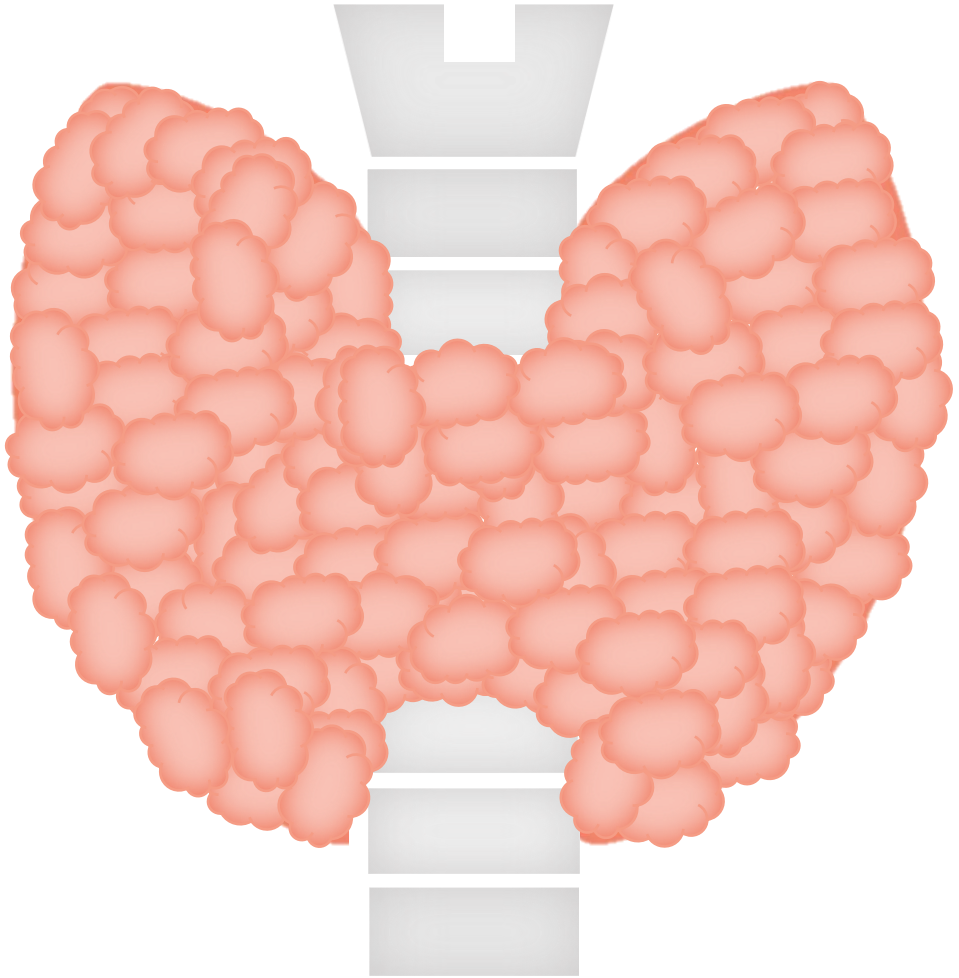
Thyroid Disease

Thyroid disease is a general term for medical conditions where the thyroid gland doesn't produce the right amount of hormones. It affects people of all ages.

The two main types are:

Hypothyroidism (underactive thyroid)
- Under production of the thyroid hormone
- Untreated hypothyroidism can lead to high morbidity and mortality, and in children, it can cause severe mental retardation
- Prognosis is good with treatment

Hyperthyroidism (overactive thyroid)
- Excess production of the thyroid hormone
- Untreated hyperthyroidism can lead to complications such as atrial fibrillation, congestive heart failure, or osteoporosis
- Prognosis is good with treatment



Hypothyroidism vs Hyperthyroidism

	Hypothyroidism		Hyperthyroidism
Symptoms	Cold intolerance, weight gain, depression, fatigue, or constipation	Symptoms	Heat intolerance, weight loss, anxiety, hyperreflexia, diarrhea, or palpitations
Causes	Medications, surgery, radiotherapy to head/neck area, or pituitary tumors	Causes	Graves disease, toxic multinodular goiter, or toxic adenoma
Testing	Blood work	Testing	Blood work, thyroid ultrasound
Treatment	Levothyroxine monotherapy	Treatment	Beta blockers for symptom management, radioactive iodine therapy, subtotal thyroidectomy
Complications	Myxedema coma (endocrine emergency)	Complications	Hypocalcemia due to hypoparathyroidism, laryngeal nerve paralysis, hemorrhage

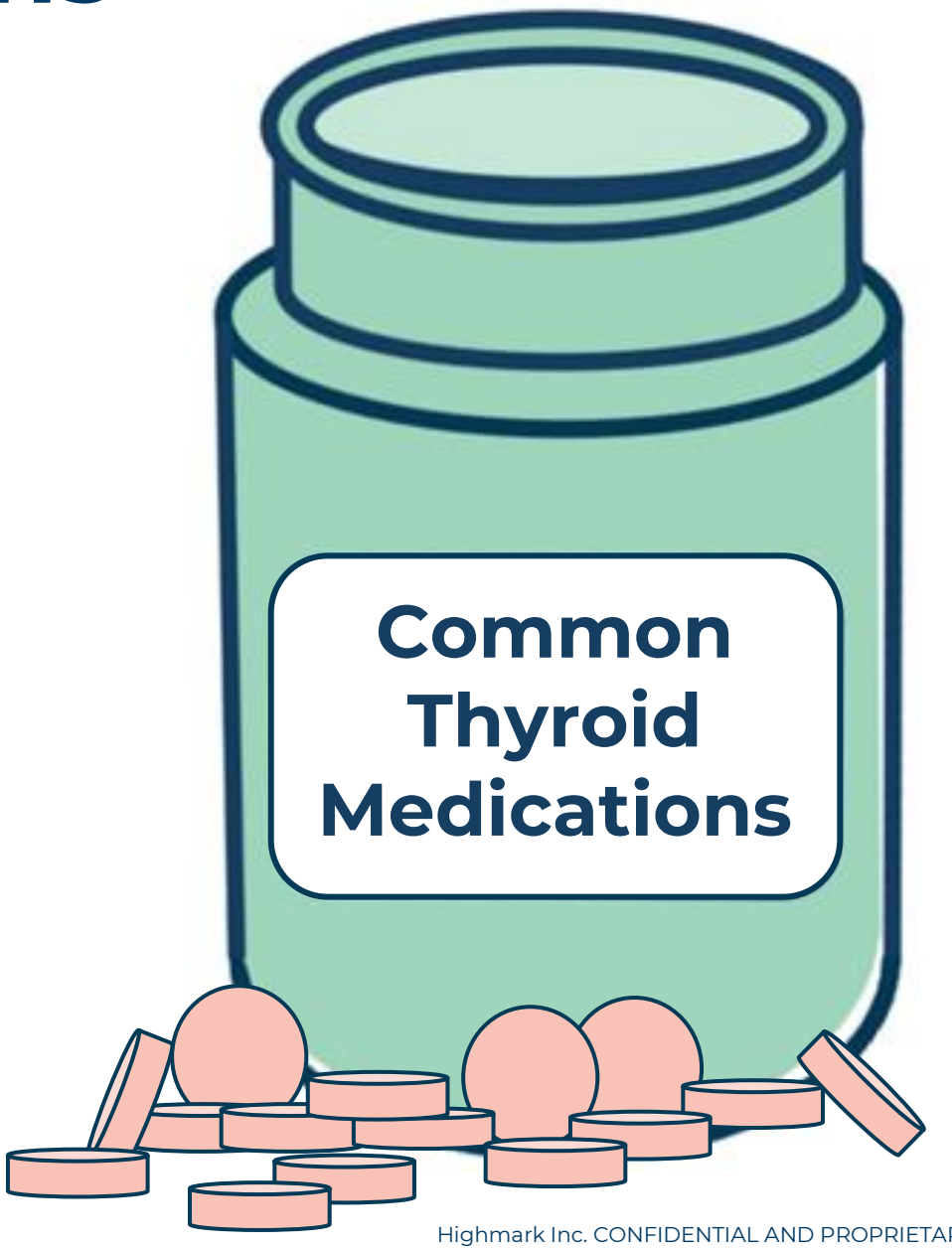
Not exhaustive lists

Use of Thyroid Medications

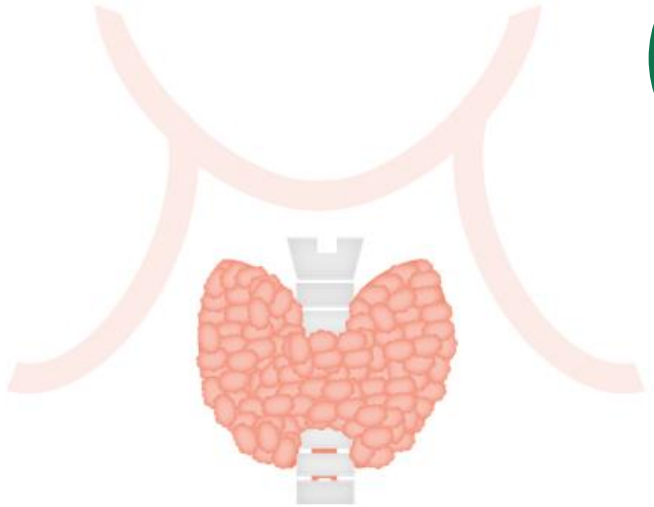
Treatment for conditions cannot be assumed based solely on a medication list. Therefore, it is important to annually assess the patient's hypothyroidism or hyperthyroidism and to confirm the diagnosis, even if they are asymptomatic.

Hyperthyroidism
propylthiouracil *(PTU)*
methimazole *(Tapezole)*

Hypothyroidism
levothyroxine *(Synthroid, Levothyroid, Levoxyl)*
liothyronine *(Cytomel)*
liotrix *(Thyrolar)*
natural thyroid *(Armour Thyroid, Nature-thyroid, Westhroid)*



Thyroid Disease Documentation Considerations



Document the patient's symptoms, including any weight gain or loss, changes in appetite, heat or cold intolerance, sweating, palpitations, or fatigue. **Note any relevant physical exam findings**, such as skin changes, neurological changes, eye bulging, goiter, and heart rate irregularities (e.g., arrhythmias).

Determine the etiology of thyroid dysfunction. If secondary to another medical condition, specify the primary cause.

Record and interpret the results of relevant thyroid function tests, including TSH, FT4, FT3, thyroid antibodies, as well as imaging studies such as thyroid scans or ultrasounds. **Ensure documentation reflects the clinical significance of these findings.**

Document the complete treatment plan, including specific treatment goals, scheduled follow-up appointments, and any referrals made. Also, **link all medications prescribed**, record the name, dosage, and current status (i.e., whether the medication is active or discontinued).

Thyroid Disease ICD-10-CM Codes

For complete codes and all applicable coding instructions, refer to the current ICD-10-CM Alphabetic Index and Tabular List.

Hypothyroidism	
E02	Subclinical iodine-deficiency hypothyroidism
E03.0	Congenital hypothyroidism with diffuse goiter
E03.1	Congenital hypothyroidism without goiter
E03.2	Hypothyroidism due to medicaments and other exogenous substances
E03.3	Postinfectious hypothyroidism
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E89.0	Postprocedural hypothyroidism

Hyperthyroidism 5th Character 0 – without thyrotoxic crisis or storm 1 – with thyrotoxic crisis or storm	
E05.0_	Thyrotoxicosis with diffuse goiter
E05.1_	Thyrotoxicosis with toxic single thyroid nodule
E05.2_	Thyrotoxicosis with toxic single thyroid nodule
E05.3_	Thyrotoxicosis with toxic multinodular goiter
E05.4_	Thyrotoxicosis factitia
E05.8_	Other thyrotoxicosis
E05.9_	Thyrotoxicosis, unspecified

Hypothyroidism Example

HPI:
63-year-old female here for AWV. She had her blood work done last week. She **is currently asymptomatic** and still very active with no issues of fatigue. **Thyroid levels have been stable**.

Labs:
TSH 3.8 uIU/mL , Free T4 1.2 ng/dL

Meds:
Levothyroxine 50mcg once daily

Assessment & Plan:
Hypothyroidism, unspecified – Patient currently asymptomatic **on Levothyroxine**. **Labs reviewed and WNL**, follow up labs in 3 months to recheck thyroid levels

Provider documented the current asymptomatic status of the patient, reviewed the TSH/Free T4 test results interpreting as within normal limits and addressed the medication management with Levothyroxine.

Based on the documentation in the note, it is appropriate to code Hypothyroidism, unspecified E03.9

Osteoporosis

Osteoporosis

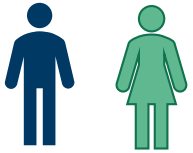
Osteoporosis is a condition **characterized by low bone mineral density and altered bone microstructure**, which increases the risk of fragility fractures from low-impact activities.

With early detection and treatment, the prognosis is generally favorable; however, untreated cases can result in chronic pain and fractures. Hip and spinal fractures represent the most serious potential complications.

Osteoporosis**, a "silent" disease often only noticeable after a fracture**, weakens bones, increasing fracture risk.

Weakened by osteoporosis, bones can fracture from simple actions like coughing or minor falls

Osteoporosis can affect anyone at any age, though the risk increases with age and is **more common in women than men.**



Osteoporosis screening recommended for women over 65 or with risk factors

Bone mineral density is most commonly measured with a dual-energy x-ray absorptiometry (DXA scan).

Treatment Options:
Nutrition
Lifestyles changes
Exercise
Fall prevention
Medications

Medication Use in Osteoporosis

Common Osteoporosis Medications

Bisphosphonates
- alendronate *(Fosamax)*
- risendronate *(Actonel, Atelvia)*
- Ibandronate
- zoledronic acid *(Reclast)*

Bone building
- teriparatide *(Forteo)*
- abaloparatide *(Tymlos)*
- romosozumab (Evenity)

Denosumab *(Prolia)*

Hormone replacement therapy (HRT) or estrogen therapy

REMEMBER

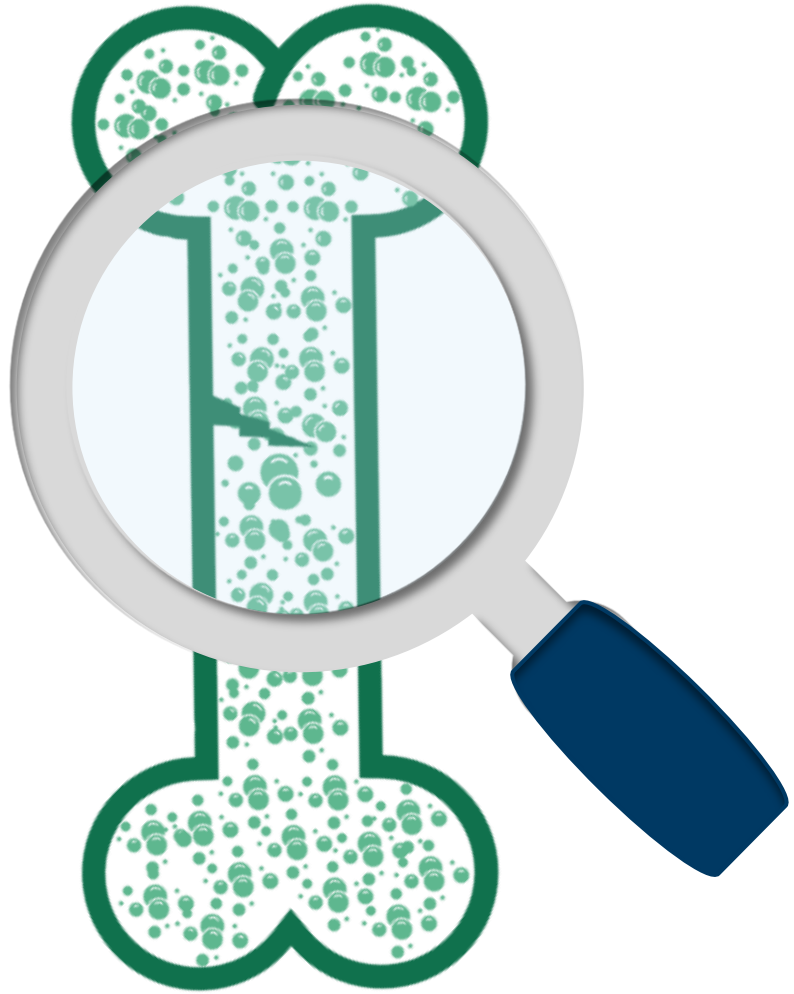
Effective management of osteoporosis medications requires a thorough medication list review at each patient encounter.

Be sure to document the following to ensure accurate patient records:

- ❑ Any newly prescribed medications
- ❑ All dosage adjustments
- ❑ Discontinued medications

Coding & Documentation Considerations

Osteoporosis	
For complete codes and all applicable coding instructions, refer to the current ICD-10-CM Alphabetic Index and Tabular List.	
M08.0_ _ _	Age-related osteoporosis with current pathological fracture
M80.8_ _ _	Other osteoporosis with current pathological fracture
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis
M81.8	Other osteoporosis without current pathological fracture



Specify the type
- Age related, diffuse, drug related, localized, or postmenopausal

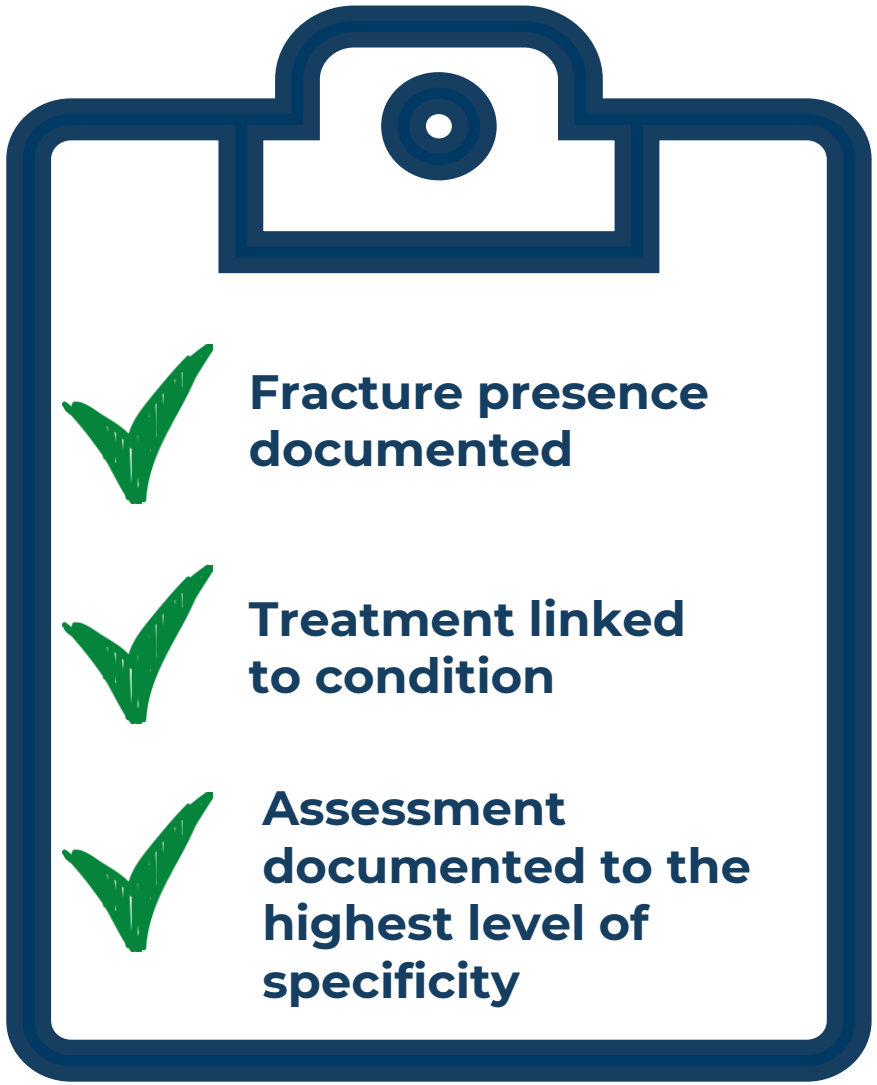
Assess the risk factors
- Age, family history, dietary history, lifestyle, fall history, and medical conditions

Document the presence of a pathological fracture and location
- Femur, ilium, pelvis, or vertebra

Provide the status of the fracture
- Routine, delayed healing, nonunion, or malunion

Interpret testing results and document the care plan

Osteoporosis Example



Subjective:
58-year-old female in today for **follow up care of her fractured foot** sustained in a fall last month. She seems to be healing nicely with no complaints and is looking forward to getting her cast off.

Medication List:
Reclast

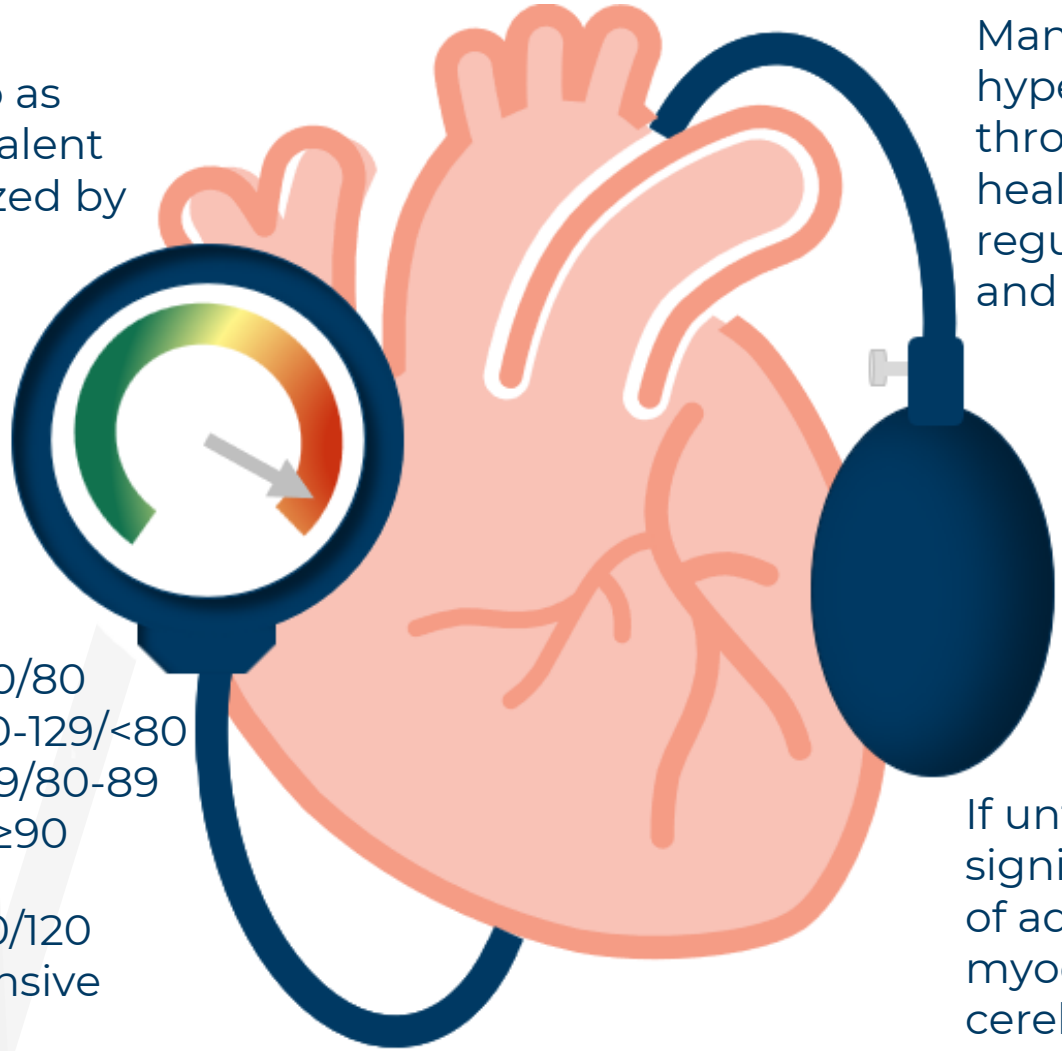
Assessment & Plan:
Age-related Osteoporosis with current pathological fracture right foot with routine healing (ICD–10 code M80.071D)
Continue **Reclast for bone health**. Reviewed fall prevention and Scheduled cast removal in 4 weeks.

In the Assessment & Plan, the provider documented the presence of the fracture, its treatment, and the patient's osteoporosis with the highest level of specificity. Based on the note's documentation, it is appropriate to code M80.071D for the diagnosis of age-related osteoporosis with current pathological fracture of the right ankle and foot, with routine healing, subsequent encounter for fracture with routine healing.

Hypertension

Hypertension

Hypertension, also referred to as high blood pressure, is a prevalent medical condition characterized by elevated pressure within the arteries.



Management and prevention of hypertension can be achieved through adherence to medications, healthy lifestyle practices, including regular exercise, a balanced diet, and smoking cessation.

Blood Pressure Categories

- **Normal** blood pressure ≤ 120/80
- **Elevated** blood pressure 120-129/<80
- **Stage 1** hypertension 130-139/80-89
- **Stage 2** hypertension ≥140/≥90

Blood pressure exceeding 180/120 mmHg constitutes a hypertensive emergency or crisis

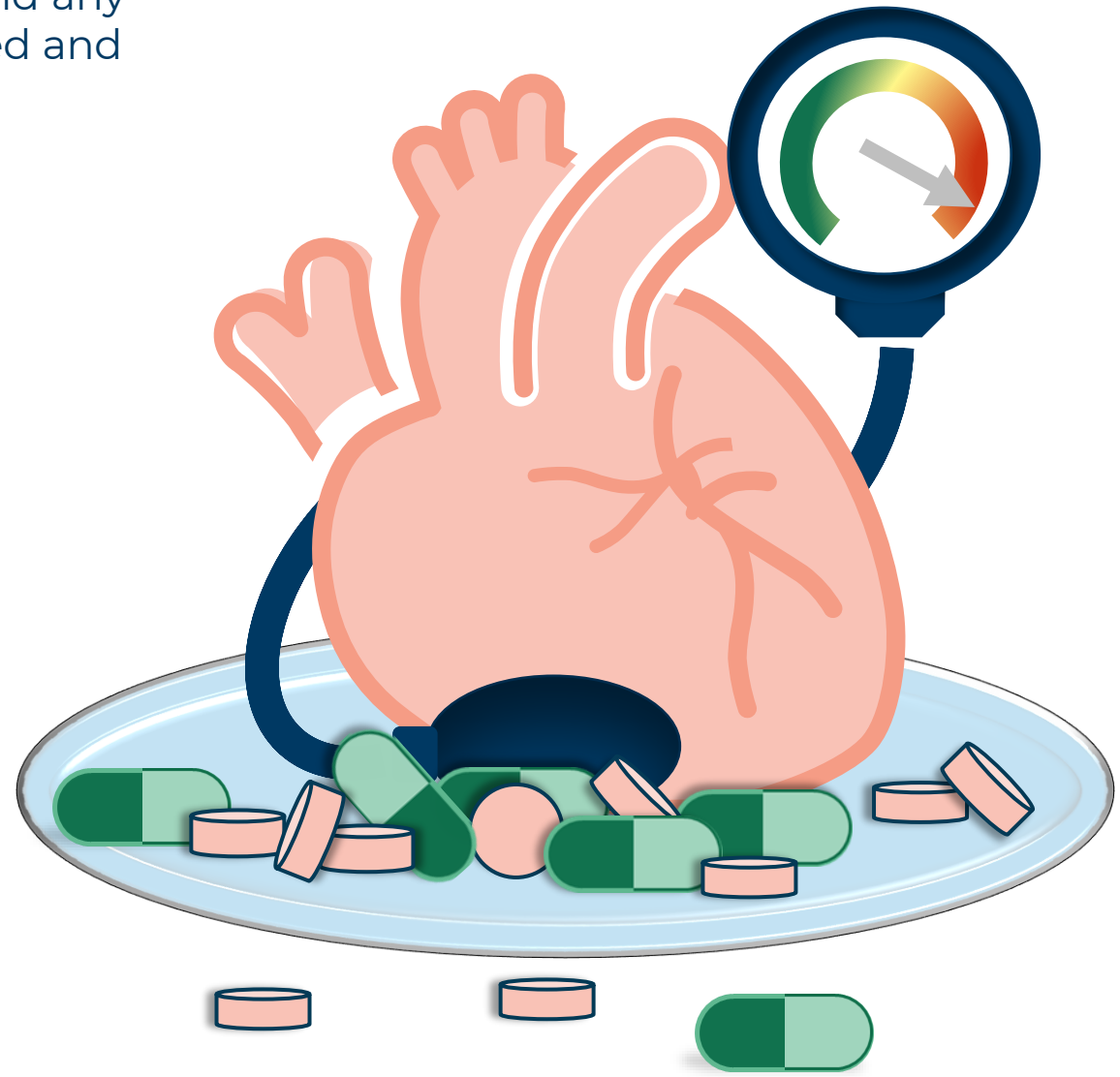
If untreated, hypertension can significantly increase the probability of adverse health events, such as myocardial infarction (heart attack), cerebrovascular accident (stroke), and other related complications.

https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings

Medication Use in Hypertension

The patient's blood pressure should be checked annually, and any medications prescribed for its management should be linked and documented.

Apha blockers	doxazosin, prazosin, terazosin
Angiotensin II receptor blockers	candesartan, losartan, valsartan
Angiotensin converting enzyme	captopril, enalapril, fosinopril, lisinopril
Beta blockers	atenolol, bisoprolol, nebivolol, pindolol
Calcium channel blockers	amlodipine, diltiazem, felodipine
Diuretics	Lasix, bumex, demadex, Midamor
Vasodilators	hydralazine, minoxidil



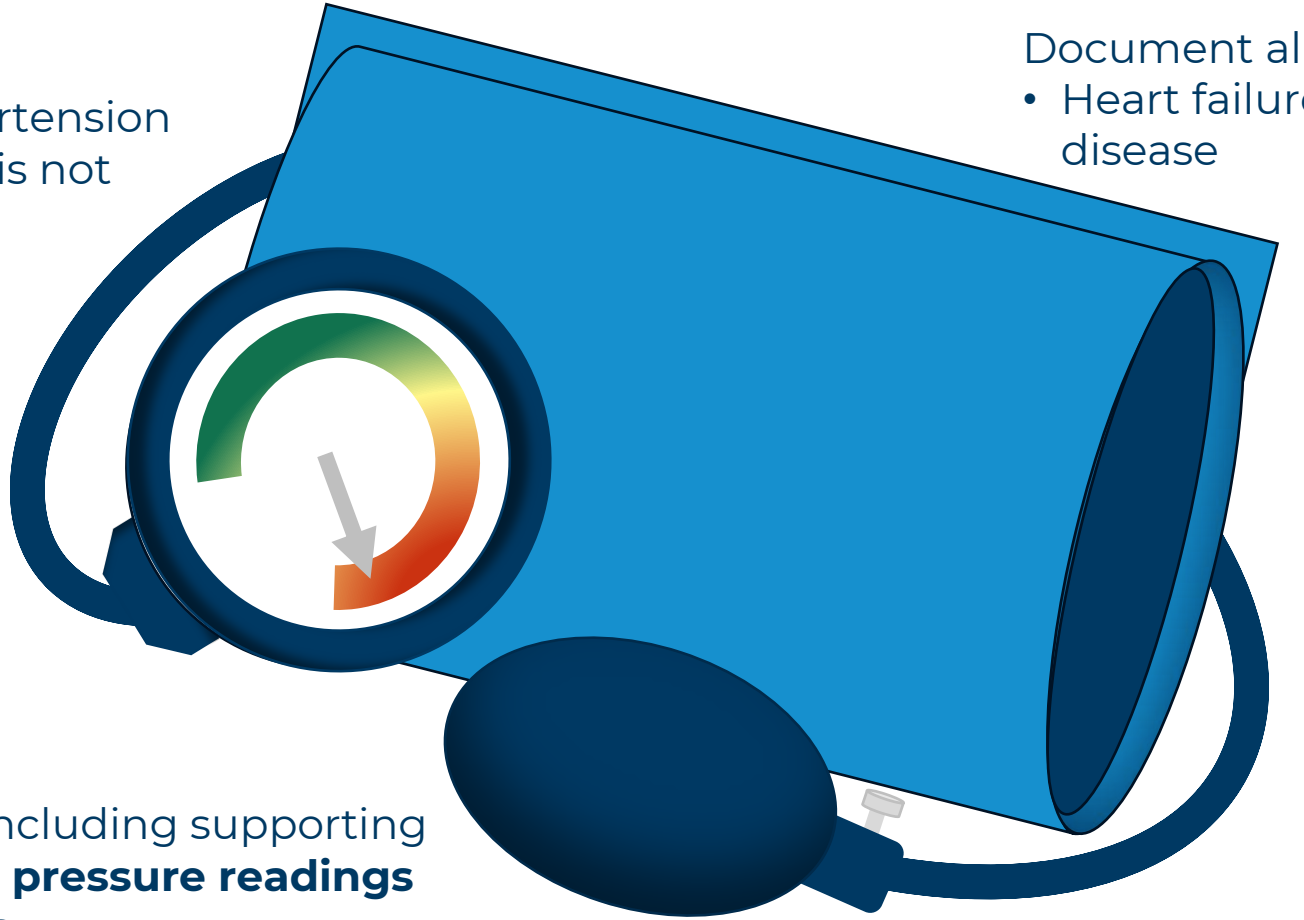
Hypertension Documentation Considerations

When documenting hypertension, it's important to include the following information:

State the patient has hypertension
- Elevated blood pressure is not synonymous

Specify the type
- Primary or secondary
- If secondary, note the condition causing the hypertension *(e.g., renal, endocrine, etc.)*

Document the care plan, including supporting evidence such as **all blood pressure readings** when taken and lab results.



Document all associated conditions
- Heart failure, chronic kidney disease

Note if there is hypertensive urgency or emergency

Identify all complications
- Hypertensive retinopathy, atrial fibrillation, cerebrovascular accident, myocardial infarction

Hypertension ICD-10-CM Codes

For complete codes and all applicable coding instructions, refer to the current ICD-10-CM Alphabetic Index and Tabular List.

Hypertension = **Essential (primary) hypertension** **I10**

Other hypertension codes	
I15. _	Secondary hypertension
I16. _	Hypertensive crisis

Hypertension + **Heart Disease** = **Hypertensive heart disease** **I11._**

Use additional code to identify type of heart failure (I50.1 – I50.9)

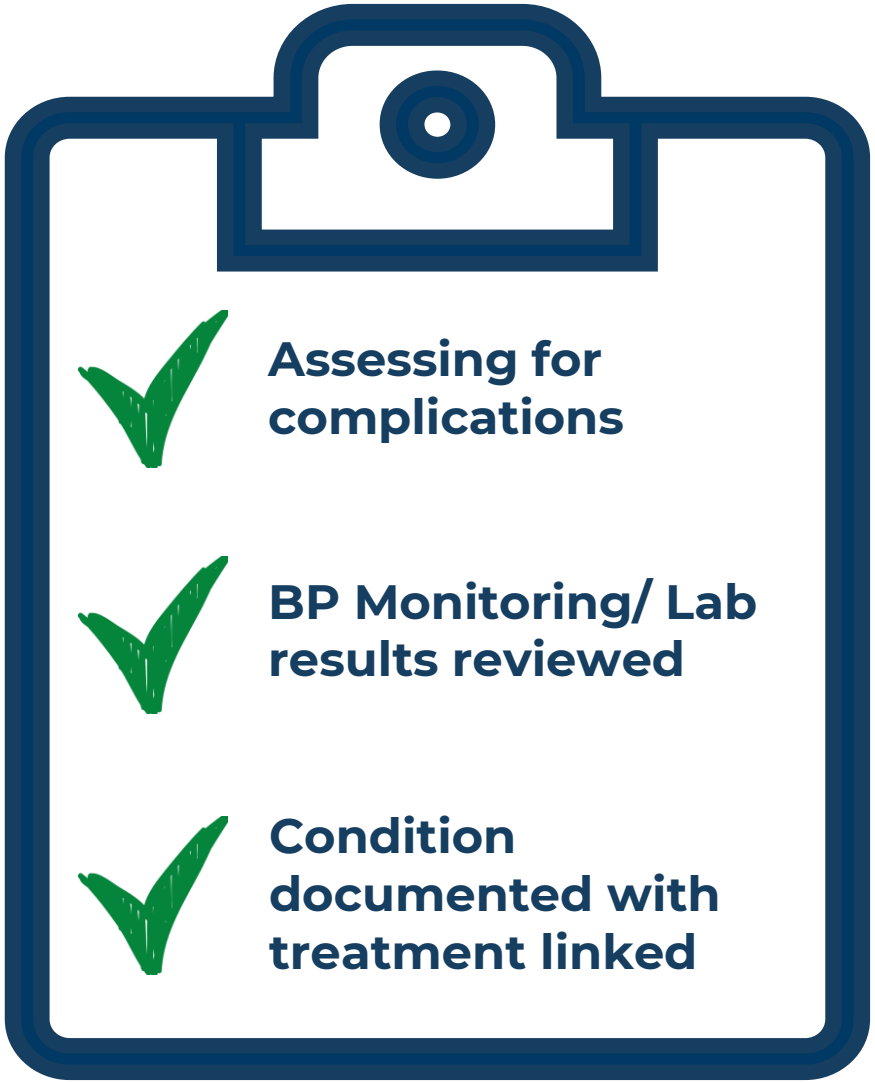
Hypertension + **Chronic Kidney Disease** = **Hypertensive chronic kidney disease** **I12._**

Use additional code to identify the stage of chronic kidney disease (N18.1 – N18.9)

Hypertension + **Heart Disease** + **Chronic Kidney Disease** = **Hypertensive heart & chronic kidney disease** **I13._**

Use additional code to identify the stage of chronic kidney disease (N18.1 – N18.9) & type of heart failure (I50.1 – I50.9)

Hypertension Example



Subjective:
Patient here today for f/u of HTN with no complaints. Reports consistent medication adherence with Amlodipine and Losartan and following **heart healthy diet low in sodium**.

Vital Signs:
BP 128/82

Labs:
eGFR 92 mL/min/1.73m2, **Creatinine 0.9 mg/dL, Sodium 141 mEq/L**

Assessment & Plan:
Essential Hypertension – BP well controlled. No complications. **Labs WNL** indicating good kidney function/sodium control. Cont **Losartan 100mg PO daily** and **Amlodipine 5mg PO daily**. Addressed importance of daily BP monitoring, **lifestyle modifications, low-sodium diet and regular exercise**. F/U in 3 months for BP check and med review.

The provider addressed the status of the hypertension, noting it was well-controlled. They are monitoring for complications, reviewed blood pressure and laboratory findings, and linked the treatment to the condition. Based on the documentation in the note, it is appropriate to code Essential Hypertension I10.

Hyperlipidemia

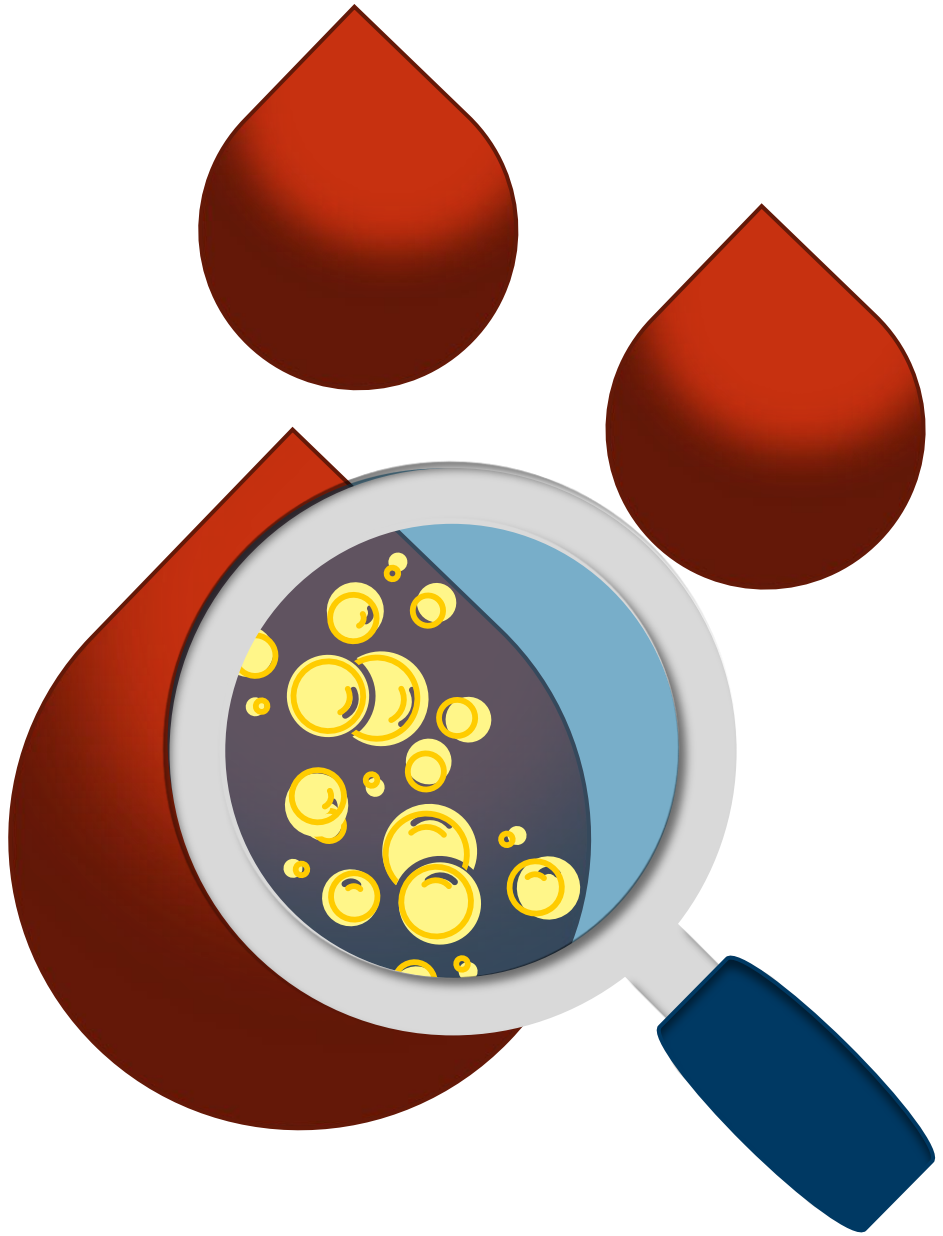
Hyperlipidemia

Hyperlipidemia, or high cholesterol, is a lifelong condition characterized by elevated levels of lipids (fats), including cholesterol and triglycerides, in the blood. While it requires ongoing management, treatment can effectively control hyperlipidemia and minimize its risks. Untreated, it can lead to severe vascular disease and even death. Because hyperlipidemia often presents without symptoms until significant damage occurs, routine check-ups and adherence to risk assessment guidelines are essential for early detection and proactive management.

Types:

- Pure hypercholesterolemia
- Familial hypercholesterolemia
- Pure hyperglyceridemia
- Mixed hyperlipidemia

Diagnosis usually involves a lipid panel blood test. Treatment includes lifestyle changes, medication, and aims to reduce the risk of heart attacks and strokes.



Coding & Documentation Considerations

Since patients may not *require* frequent office visits for management, it's important to emphasize the necessity of yearly check-ups so the condition and patient's adherence to standards can be tracked to minimize the risk of it not being captured.

Specify the type

E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified

Document any coexisting conditions

- Diabetes
- Hypertension
- Coronary Artery Disease
- Hypothyroidism
- Kidney disease
- Liver disease

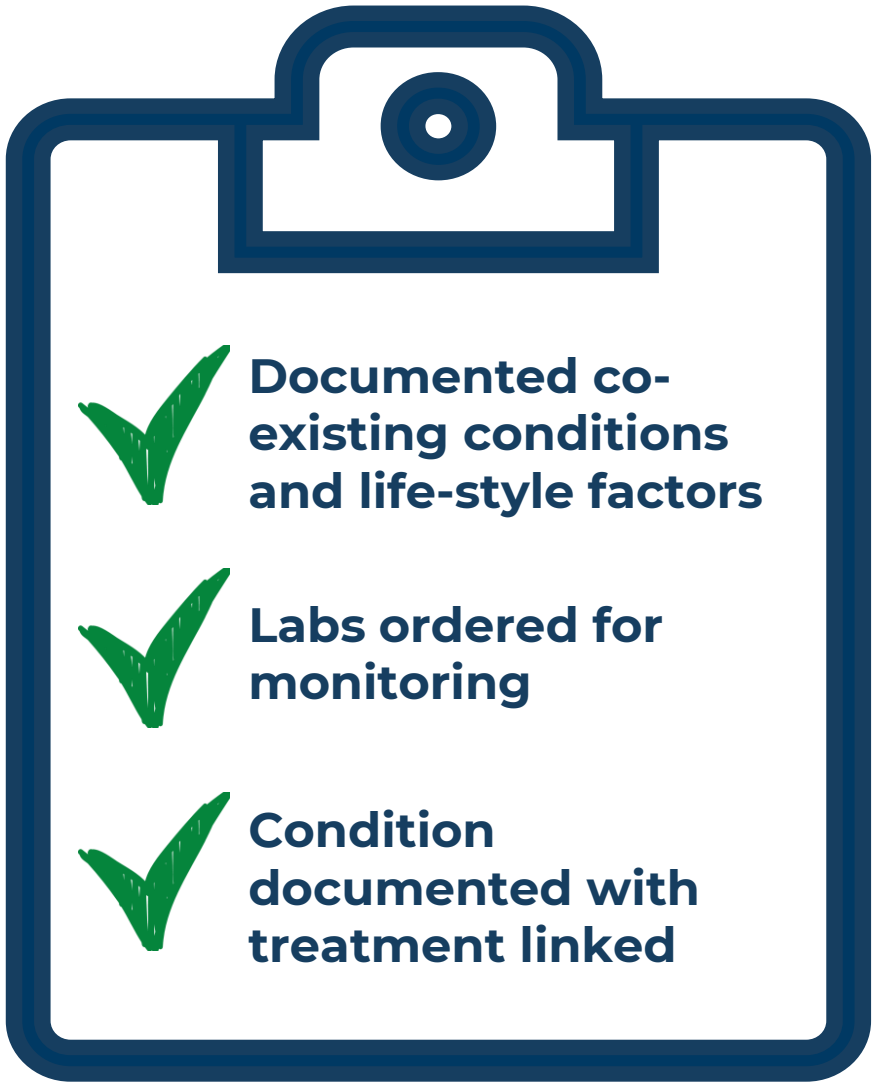
Record any contributing lifestyle factors

- Diet
- Physical activity level
- Smoking status
- Alcohol and drug use

Document the care plan, including listing supporting evidence such as lab results, and linking medications prescribed for management

ACLY inhibitors	bempedoic acid
Bile acid sequestrants	colestipol, cholestyramine
Fibrates	gemfibrozil, fenofibrate
Omega-3 fatty acids	Lovaza, Vascepa, Epanova
PCSK9 inhibitors	alirocumab, evolocumab
Statins	atorvastatin, fluvastatin
Other	Ezetimibe, Niacin (B vitamin)

Hyperlipidemia Example



Subjective:
Patient here to establish care. She just moved here 6 months ago. She has **H/O CVA ,** HLD **and HTN**. Last blood work was completed 2 years. She **denies smoking and alcohol use**. She needs a new script for her meds.

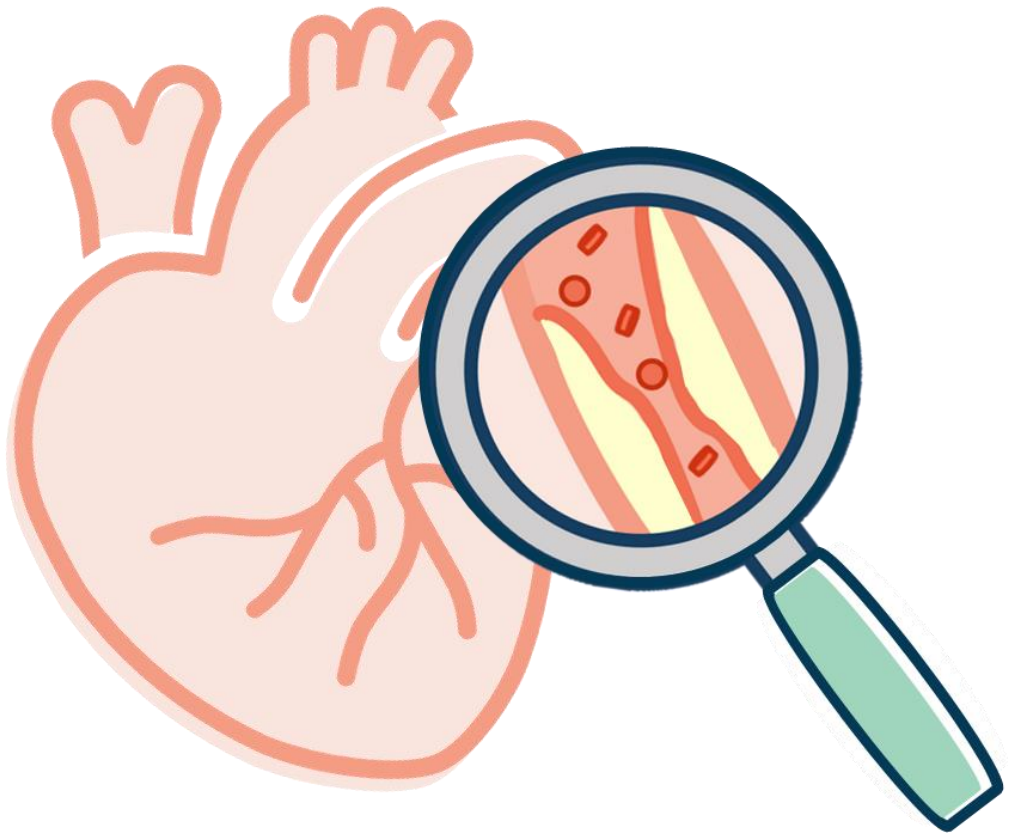
Medication List:
Simvastatin 20mg
Evolocumab 140 mg SC q2wk

Assessment & Plan:
Hyperlipidemia – **Ordered Lipid Panel, CBC and CMP**. **Cont Simvastatin and Evolocumab**, **order sent** to new pharmacy. Discussed maintaining a healthy **active lifestyle** and continuing **abstinence from smoking and alcohol**.

Provider has documented the primary condition along with co-existing conditions and discussed life-style factors. Labs and medications have been ordered for effective management. Based on the documentation in the note, it is appropriate to code Hyperlipidemia unspecified E78.5.

Coronary Artery Disease

Coronary Artery Disease



https://my.clevelandclinic.org/health/diseases/16898-coronary-artery-disease

Coronary artery disease (CAD) is a common condition where the arteries supplying blood to the heart narrow due to plaque buildup. This can lead to reduced blood flow and, over time, may cause symptoms like chest pain (angina) or shortness of breath (dyspnea).

There are two main forms of CAD:

Stable ischemic heart disease (chronic form)

- Arteries gradually narrow, causing manageable symptoms

Acute coronary syndrome (sudden, emergency situation)

- A blood clot blocks blood flow, potentially leading to a heart attack.

Complications from CAD can include heart rhythm issues (arrhythmias), cardiac arrest, cardiogenic shock, and heart failure. Diagnosis involves physical exams and tests. Treatment focuses on lifestyle changes, medications, and potentially procedures or surgery.

Use of Medications in CAD

Coronary artery disease is commonly asymptomatic which increases the risk of not being assessed on an annual basis.

To prevent this from occurring, providers should assess coronary artery disease (CAD) at least annually
Remember to review the medication list and update it as needed at each visit, especially when:

- A new prescription is given
- Change in dosage
- Medication is stopped

Commonly Used Medications	
ACE inhibitors	benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril
Angiotensin receptor blockers	candesartan, losartan, telmisartan
Beta blockers	atenolol, bisoprolol, carvedilol, metoprolol
Calcium channel blockers	verapamil, diltiazem, amlodipine, nifedipine
Glycoprotein IIb/IIIa inhibitors	abciximab, eptifibatide, tirofiban
Thrombolytics	alteplase, reteplase, streptokinase, tenecteplase
Other	antiplatelets, anticoagulants, morphine, nitrates, statins

Documentation Considerations

Coronary artery disease is commonly asymptomatic which increases the risk of not being assessed on an annual basis.

To prevent this from occurring, providers should assess coronary artery disease (CAD) at least annually.

Remember to review the medication list and update it as needed at each visit, especially when:

- A new prescription is given
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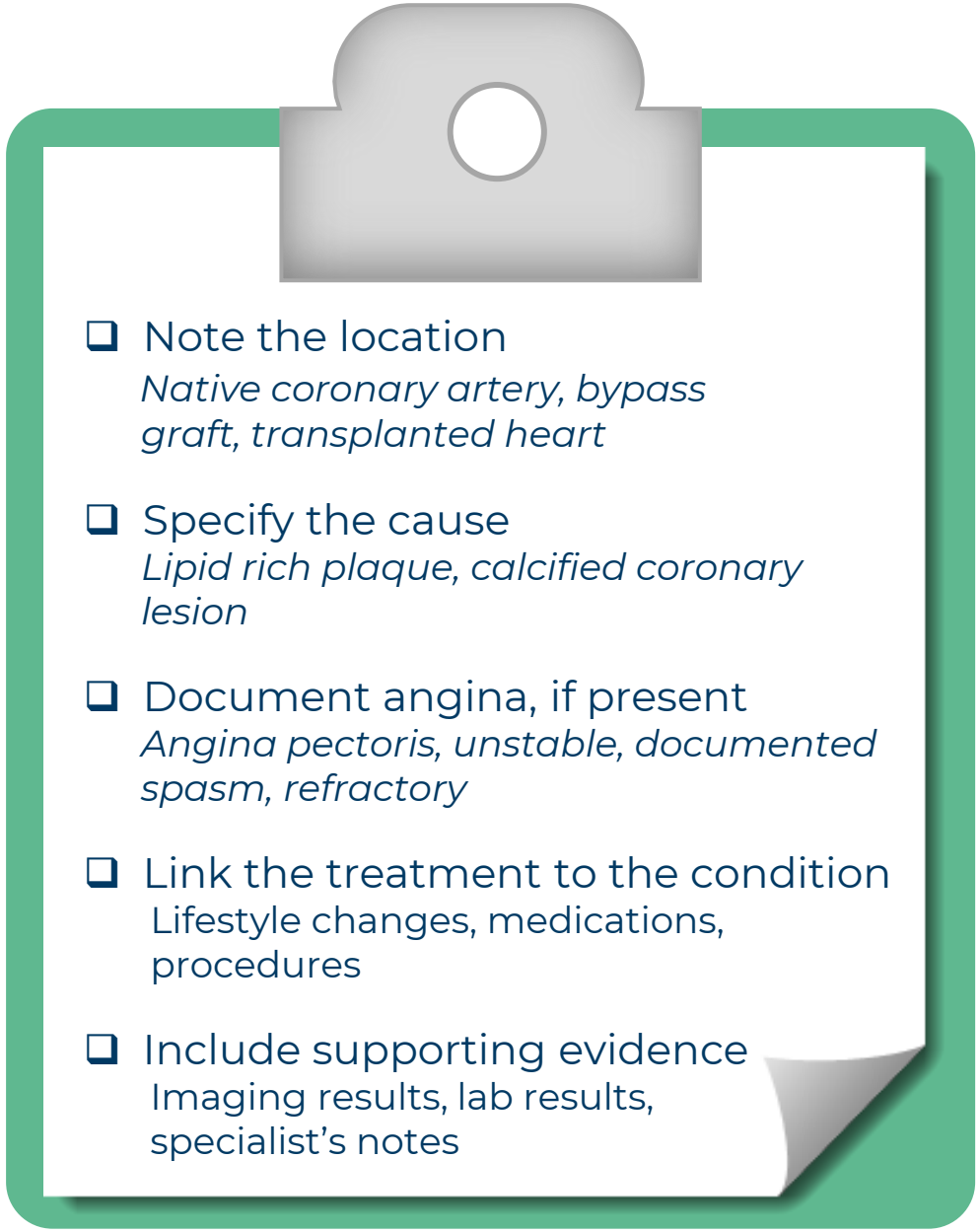
Common Medications

ACE inhibitors	benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril
Angiotensin receptor blockers	candesartan, losartan, telmisartan
Other	antiplatelets, anticoagulants, calcium channel blockers, morphine, nitrates, statins



Coronary Artery Disease ICD-10-CM Codes

Atherosclerosis of Coronary Artery (CAD)

Native artery

I2510	**Without** angina
I25110	**With unstable angina**
I25111	**With angina** & **documented spam**
I25112	**With refractory angina**
I25118	**With other forms of angina**
I25119	**With unspecified angina**

Bypass graft(s), unspecified

I25700	**With unstable angina**
I25701	**With angina** & **documented spam**
I25702	**With refractory angina**
I25708	**With other forms of angina**
I25709	**With unspecified angina**

Autologous vein bypass graft(s)

I25710	**With unstable angina**
I25711	**With angina** & **documented spam**
I25712	**With refractory angina**
I25718	**With other forms of angina**
I25719	**With unspecified angina**

Autologous artery bypass graft(s)

I25720	**With unstable angina**
I25721	**With angina** & **documented spam**
I25722	**With refractory angina**
I25728	**With other forms of angina**
I25729	**With unspecified angina**

Nonautologous biological bypass graft(s)

I25730	**With unstable angina**
I25731	**With angina** & **documented spam**
I25732	**With refractory angina**
I25738	**With other forms of angina**
I25739	**With unspecified angina**

Native artery of transplanted heart

I25750	**With unstable angina**
I25751	**With angina** & **documented spam**
I25752	**With refractory angina**
I25758	**With other forms of angina**
I25759	**With unspecified angina**

Bypass graft of transplanted heart

I25760	**With unstable angina**
I25761	**With angina** & **documented spam**
I25762	**With refractory angina**
I25768	**With other forms of angina**
I25769	**With unspecified angina**

Other bypass graft(s)

I25790	**With unstable angina**
I25791	**With angina** & **documented spam**
I25792	**With refractory angina**
I25798	**With other forms of angina**
I25799	**With unspecified angina**

Other coronary vessels without angina

I25810	**Bypass graft(s)**
I25811	**Native artery of transplanted heart**
I25812	**Bypass graft of transplanted heart**

This is not an exhaustive list of conditions. Please refer to the current ICD-10-CM for coding instructions and any condition not listed here.

Coronary Artery Disease Example

Subjective:
Here for annual visit, with **known CAD**. She **follows with Cardio** every 6 months. Compliant with her Brilinta and ASA. Other than CAD, she remains healthy and active. Lifelong non-smoker.

Past Medical History:
CAD – non-obstructive, diagnosed several years ago via cardiac cath

Physical Exam:
Cardiovascular: **Denies CP**, SOB or palpitations. RRR

Assessment & Plan:
Atherosclerotic heart disease of native coronary artery without angina pectoris – **Cont low dose ASA and Brilinta**. Asx. Following with Cardiology.

Provider performed an annual assessment of the patient's CAD, evaluated for signs and symptoms, linked the treatment and documented to the highest level of specificity. Based on the documentation in the note, it is appropriate to code Atherosclerotic heart disease of native coronary artery without angina pectoris I25.10.

Migraine

Migraine Diagnosis vs Medication

DOS 2023

Migraine Medications

Aimovig	Emgality
Ajovy	Qulipta

Prevalence

- Headache (4.9%)
- Migraine (2.7%)
- Both Dx (.08%)

Members on a Migraine Medication

Headache Dx	Migraine Dx	Both Dx	Non-Headache Dx	Total
110	3,389	53	8,086	**11,638**

- **29% of members have an associated migraine diagnosis** linked to their migraine medication
- **69% of members do not have an associated migraine diagnosis captured** despite being on a migraine medication which may indicate a low recapture rate
- Members on a migraine medication with an **associated headache diagnosis may indicate possible undercoding**
- Providers documenting the presence of **both a headache and migraine diagnosis while on a migraine medication may indicate an unclear diagnosis presentation**

Use of Migraine Medications

Abortive
Taken during migraine attacks to stop symptoms

Anti-inflammatories
ASA, naproxen, Ibuprofen, diclofenac, ketorolac

Triptans
sumatriptan, zolmitriptan, rizatriptan, eletriptan, naratriptan

Antiemetics
metoclopramide, prochlorperazine, chlorpromazine

Ergotamines
dihydroergotamine

Preventive
Taken to reduce the severity or frequency

Beta-blockers
propranolol, timolol, bisoprolol, metoprolol, atenolol, nadolol

Calcium channel blockers
verapamil (off-label, most commonly used)

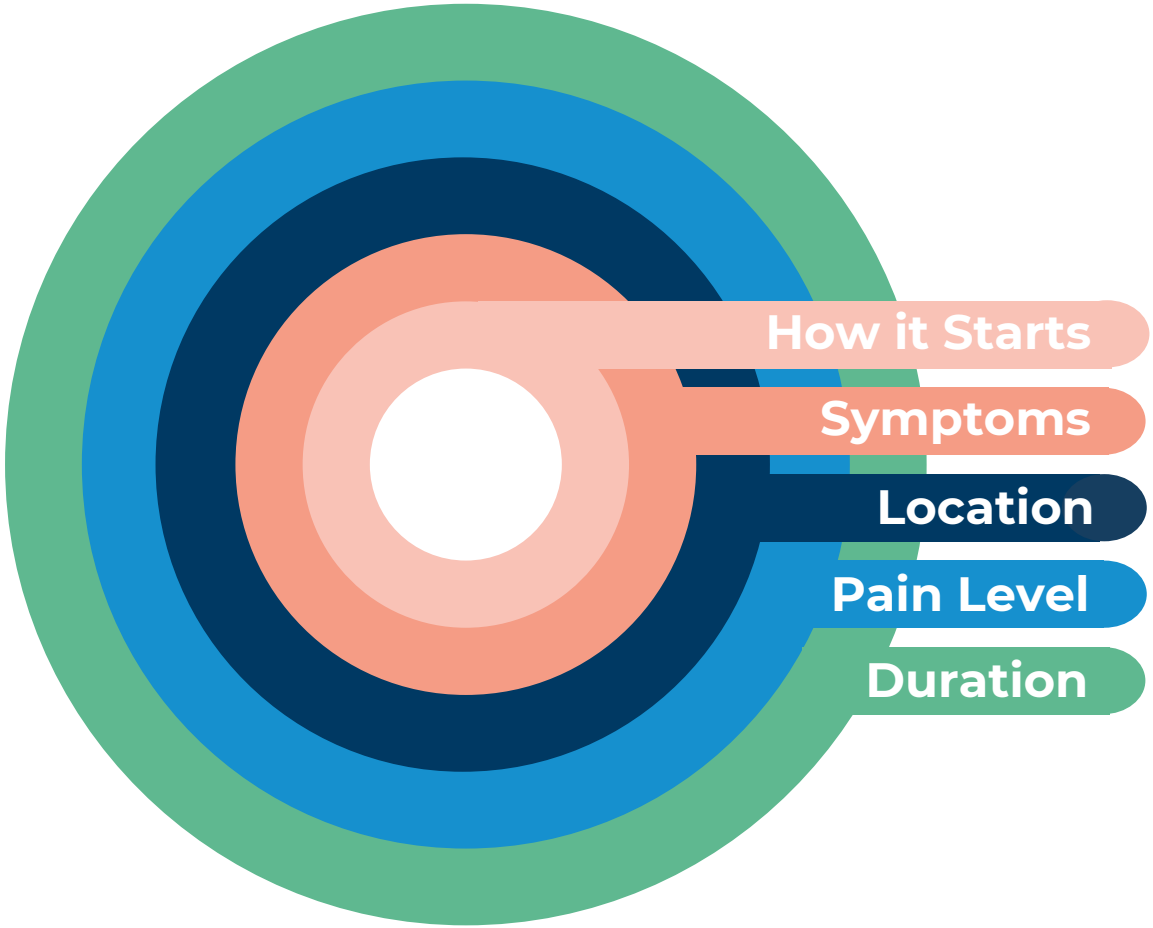
Antidepressants
amitriptyline, fluoxetine

Antiepileptics
topiramate, valproate

Follow-up and reassessment of treatments are necessary on an ongoing basis, even after a solid plan is implemented. Remember to review and update the medication list as needed at each visit.

https://www.mayoclinic.org/diseases-conditions/migraine-headache/diagnosis-treatment/drc-20360207

Migraine Documentation Considerations



Headache: Tends to slowly develop
Migraine: Comes on suddenly

Headache: Pain in head, neck, or face
Migraine: Nausea, vomiting, sensitivity to light & sound

Headache: Around the head or in the sinuses
Migraine: Usually on one side of the head

Headache: Mild to moderate
Migraine: Severe, often 'piercing' or 'intense'

Headache: 30 minutes or longer
Migraine: Hours to days

MIGRAINE TYPES: Abdominal (in children), Chronic, Hemiplegia, Menstrual, Silent (without headache), Retinal (ocular), Status migrainosus

MIGRAINE TRIGGERS: Alcohol, Weather changes, Lack of sleep, Schedule changes, Dehydration, Hunger, Certain Foods, Strong smells, Teeth grinding at night, Menstruation

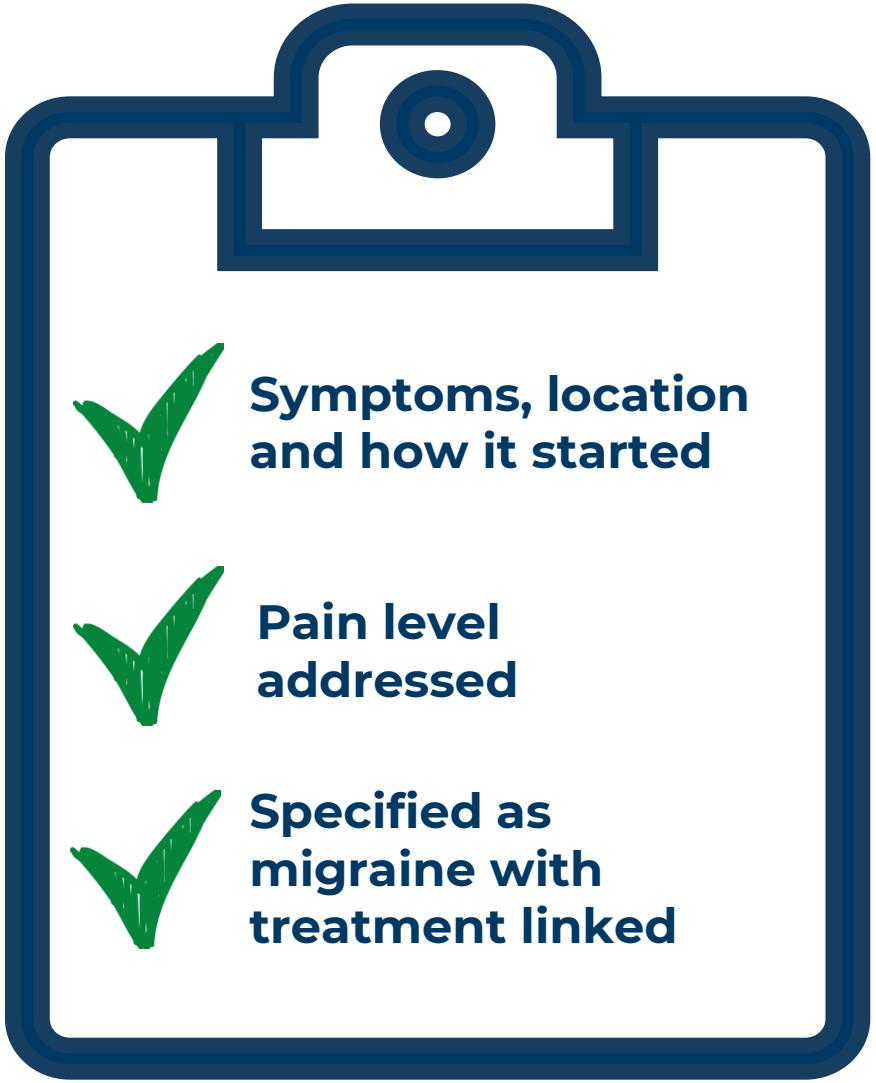
Migraine ICD-10 Codes

Migraine without aura	
G43001	**Not intractable**, with status migrainosus
G43009	**Not intractable,** without status migrainosus
G43011	**Intractable**, with status migrainosus
G43019	**Intractable**, without status migrainosus
Migraine with aura	
G43101	**Not intractable**, with status migrainosus
G43109	**Not intractable,** without status migrainosus
G43111	**Intractable**, with status migrainosus
G43119	**Intractable**, without status migrainosus
Hemiplegic migraine	
G43401	**Not intractable**, with status migrainosus
G43409	**Not intractable,** without status migrainosus
G43411	**Intractable**, with status migrainosus
G43419	**Intractable**, without status migrainosus
Persistent migraine aura without cerebral infarction	
G43501	**Not intractable**, with status migrainosus
G43509	**Not intractable,** without status migrainosus
G43511	**Intractable**, with status migrainosus
G43519	**Intractable**, without status migrainosus
Persistent migraine aura with cerebral infarction	
G43601	**Not intractable**, with status migrainosus
G43609	**Not intractable,** without status migrainosus
G43611	**Intractable**, with status migrainosus
G43619	**Intractable**, without status migrainosus
Chronic migraine without aura	
G43701	**Not intractable**, with status migrainosus
G43709	**Not intractable,** without status migrainosus
G43711	**Intractable**, with status migrainosus
G43719	**Intractable**, without status migrainosus
Chronic migraine with aura	
G43E01	**Not intractable**, with status migrainosus
G43E09	**Not intractable,** without status migrainosus
G43E11	**Intractable**, with status migrainosus
G43E19	**Intractable**, without status migrainosus
Menstrual migraine	
G43821	**Not intractable**, with status migrainosus
G43829	**Not intractable,** without status migrainosus
G43831	**Intractable**, with status migrainosus
G43839	**Intractable**, without status migrainosus

Migraine ICD-10 Codes

Other migraine	
G43801	**Not intractable**, with status migrainosus
G43809	**Not intractable,** without status migrainosus
G43811	**Intractable**, with status migrainosus
G43819	**Intractable**, without status migrainosus
Migraine unspecified	
G43901	**Not intractable**, with status migrainosus
G43909	**Not intractable,** without status migrainosus
G43911	**Intractable**, with status migrainosus
G43919	**Intractable**, without status migrainosus
Cyclical vomiting, in migraine	
G43A0	**Not intractable**
G43A1	**Intractable**
Ophthalmoplegic migraine	
G43B0	**Not intractable**
G43B1	**Intractable**
Abdominal migraine	
G43D0	**Not intractable**
G43D1	**Intractable**

Migraine Example



History of Present Illness:
Presenting today with a **severe pounding headache** that **came on suddenly**, with **pain on the left**, **started about 5 hours ago**. Describes the headache as **bothersome to her eyes**. Patient states these **occur approximately every 3-4 months.**

Assessment & Plan:
Migraine without aura, not intractable, without status migrainosus – Typical migraine headache, without aura. Frequency of headaches (every 3-4 months) does not warrant prophylactic medication at this time. **Imitrex 50mg** tablet – Take one tablet orally at onset. May repeat once in 2 hours if needed. Do not exceed 200mg in 24 hours. Medication education provided. F/U if headaches become more frequent, severe, or unresponsive to meds. Keep headache diary.

Provider thoroughly assessed the patient's headache, including symptoms, location, onset, and pain level, leading to a diagnosis of migraine and a corresponding treatment plan. Based on the documentation in the note, it is appropriate to code Migraine without aura, not intractable, without status migrainosus G43.009.

HEDIS Guidelines

HEDIS® Measures

Defining Frailty and Advanced Illness Criteria for Member Exclusion

Members 66–80 years of age as of December 31 of the measurement year with frailty ***and*** advanced illness. Members must meet ***both*** frailty and advanced illness criteria to be excluded:

Frailty – At least two indications of frailty with different dates of service during the measurement year

Advanced Illness – Either of the following during the measurement year or the year prior to the measurement year:

- Advanced illness on at least two different dates of service
- Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year
- Dispensed dementia medication

Dementia Medications

Cholinesterase inhibitors (include, but not limited to): Donepezil, Galantamine, Rivastigmine

Miscellaneous central nervous system agents (include, but limited to): Memantine

Dementia combinations (include, but not limited to): Donepezil-memantine

HEDIS® Measures

Controlling High Blood Pressure (CBP)

The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Tips to Help Close Member Care Gaps:

NOTE: Look for the patient's most recent BP (systolic and diastolic) in the measurement period.

- The BP reading must occur on or after the date when the second diagnosis of hypertension.
- The member is numerator compliant if the BP is <140/90 mm Hg.
- The member is not compliant if the BP is ≥140/90 mm Hg.
- If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.
- BP readings taken by the member and documented in the member's medical record are eligible for use in reporting (provided the BP does not meet any exclusion criteria). There is no requirement that there be evidence the BP was collected by a PCP or specialist.
- BP readings are acceptable via telephone visits, e-visits, and/or virtual check-ins. Documentation **must** include a date of service.
- BP readings can be taken from any digital device.
- Ranges and thresholds do not meet criteria for this measure.
- RETAKE: During office visits, if the initial BP reading is outside of the acceptable range, retake during the visit. If the second reading is compliant use the appropriate code to bill for that BP.

HEDIS® Measures

Controlling High Blood Pressure (CBP) cont.

Required Exclusions:

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year
- Members receiving palliative care any time during the measurement year.
- Members who had an encounter for palliative care any time during the measurement year
- Members with a diagnosis that indicates end-stage renal disease any time during the member's history on or prior to December 31 of the measurement year.
- Diagnostic or therapeutic procedures that require a medication regimen, a change in diet or a change in medication are eligible for exclusion including
- Members with a procedure that indicates ESRD: dialysis, nephrectomy, or kidney transplant any time during the member's history on or prior to December 31 of the measurement year.
- Members with a diagnosis of pregnancy any time during the measurement year
- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
  - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
  - Living long-term in an institution any time during the measurement year
- Members 66–80 years of age as of December 31 of the measurement year with frailty ***and*** advanced illness. Members must meet ***both*** frailty and advanced illness criteria to be excluded:
- Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty

HEDIS® Measures

Controlling High Blood Pressure (CBP) cont.

Codes include but not limited to:

CPT II Codes:

- 3074F – Systolic <130
- 3075F – Systolic 130-139
- 3078F – Diastolic <80
- 3079F – Diastolic 80-89

ICD10: ESSENTIAL HYPERTENSION

- I10

SNOWMED CODES:

- 1201005, 23717007, 35303009, 63287004, 59621000, 18416000, 78808002, 9901000, 72022006, 19769006, 371125006, 46481004, 78975002, 40511000119107, 429457004

HEDIS® Measures

Blood Pressure Control for Patients with Hypertension (BPC-E)

The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Clinical Recommendation Statement: The American Academy of Family Physicians (AAFP) strongly recommends clinicians treat adults who have hypertension to a standard blood pressure target (<140/90 mm Hg) to reduce the risk of all-cause and cardiovascular mortality.

Tips to Help Close Member Care Gaps:

- Members who are 18-85 years old as of the last day of the measurement period who meet either of the following criteria:
  - At least two outpatient visits, telephone visits, e-visits or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.
  - At least one outpatient visit, telephone visit, e-visit or virtual check-in with a diagnosis of hypertension and at least one dispensed antihypertensive medication on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.
- Do not include BPs taken in an acute inpatient setting or ED visit. If there are multiple BPs on the same date of service, use the last BP reading on that date as the representative BP.
- The member is numerator compliant if the representative BP is <140/90 mm Hg. The member is not compliant if the BP is ≥140/90 mm Hg, if there is no BP reading during the measurement period or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

HEDIS® Measures

Blood Pressure Control for Patients with Hypertension (BPC-E) cont.

Codes include but not limited to:

CPT II Codes:

- 3074F – Systolic <130
- 3075F – Systolic 130-139
- 3078F – Diastolic <80
- 3079F – Diastolic 80-89

ICD10: ESSENTIAL HYPERTENSION

- I10

SNOWMED CODES:

- 1201005, 23717007, 35303009, 63287004, 59621000, 18416000, 78808002, 9901000, 72022006, 19769006, 371125006, 46481004, 78975002, 40511000119107, 429457004

HEDIS® Measures

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for 180 days (6 months) after discharge.

Tips to Help Close Member Care Gaps:

- Treatment days (covered days) – The actual number of calendar days covered with prescriptions within the specified 180-day measurement interval (e.g., a prescription of a 90-day supply dispensed on the 100th day will have 81 days counted in the 180-day interval).
- 180-day measurement interval – The 180-day period that includes the discharge date and the 179 days after discharge
- Event/diagnosis – An acute inpatient discharge from July 1 of the year prior to the measurement year through June 30 of the measurement year with any diagnosis of AMI on the discharge claim. To identify an acute inpatient discharge:
  - Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
  - Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
  - Identify the discharge date for the stay.
- Anchor date – Discharge date

NOTE: If a member has more than one episode of AMI that meets the event/diagnosis criteria, from July 1 of the year prior to the measurement year through June 30 of the measurement year, include ***only the first discharge***.

HEDIS® Measures

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) cont.

Tips to Help Close Member Care Gaps: cont.

Beta Blocker Medications

Description	Prescription		
Noncardioselective beta-blockers	• Carvedilol • Labetalol • Nadolol	• Pindolol • Propranolol	• Timolol • Sotalol
Cardioselective beta-blockers	• Acebutolol • Atenolol	• Betaxolol • Bisoprolol	• Metoprolol • Nebivolol
Antihypertensive combinations	• Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide	• Hydrochlorothiazide-metoprolol • Hydrochlorothiazide-propranolol	

HEDIS® Measures

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) cont.

Required Exclusions: Exclude members who meet any of the following criteria:

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.
- Members with a **medication** dispensing event that indicates a contraindication to beta-blocker therapy **(see Asthma Exclusions Medications List)** any time during the member's history through the end of the continuous enrollment period.
- Members with a **diagnosis** that indicates a contraindication to beta-blocker therapy any time during the member's history through the end of the continuous enrollment period meet criteria.
- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
  - Enrolled in an Institutional SNP (I-SNP) any time on or between July 1 of the year prior to the measurement year and the end of the measurement year
  - Living long-term in an institution any time on or between July 1 of the year prior to the measurement year and the end of the measurement year
  - Members 66–80 years of age as of December 31 of the measurement year with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded **(see Dementia Medication List)**
  - Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service any time on or between July 1 of the year prior to the measurement year and the end of the measurement year.

HEDIS® Measures

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) cont.

Required Exclusions: Medications

Asthma Exclusions Medications

- Bronchodilator combinations
  - Budesonide-formoterol, Fluticasone-vilanterol, Fluticasone-salmeterol, Formoterol-mometasone
- Inhaled corticosteroids
  - Beclomethasone, Budesonide, Ciclesonide, Flunisolide , Fluticasone, Mometasone

Dementia Exclusions Medications

- Cholinesterase inhibitors
  - Donepezil, Galantamine, Rivastigmine
- Miscellaneous central nervous system agents
  - Memantine
- Dementia combinations
  - Donepezil-memantine

Codes include but not limited to:
ICD10: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.B
SNOMED: 57054005, 194809007, 233838001, 70422006, 233835003
Claims – based for HEDIS®
Pharmacy Data

HEDIS® Measures

Statin Therapy for Patients with Cardiovascular Disease (SPC)

The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

1. *Received Statin Therapy*. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
2. *Statin Adherence 80%*. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Tips to Help Close Member Care Gaps:

IPSD (Index prescription start date) – The earliest prescription dispensing date for any statin medication of at least moderate intensity during the measurement year.

Treatment period – The period of time beginning on the IPSD through the last day of the measurement year.

PDC – Proportion of days covered. The number of days the member is covered by at least one statin medication prescription of appropriate intensity, divided by the number of days in the treatment period.

- Members are identified for the eligible population in two ways: by event or by diagnosis but a member only needs to be identified by one method to be included in the measure.
  - Event – MI, CABG, PCI, other revascularization
  - Diagnosis – members who had at least one encounter with a diagnosis of IVD during both the measurement year and the year prior to the measurement year. An outpatient visit, telephone visit, e-visit, virtual check-in or acute inpatient encounter with an IVD diagnosis
  - At least one acute inpatient discharge with an IVD diagnosis on the discharge claim

HEDIS® Measures

Statin Therapy for Patients with Cardiovascular Disease (SPC) cont.

Tips to Help Close Member Care Gaps: cont.

- Members are identified for the eligible population in two ways: by event or by diagnosis

  Event – Any of the following during the year prior to the measurement year meet criteria:

  - *MI* – Discharged from an inpatient setting with an MI on the discharge claim
    - Identify the discharge date for the stay.
    - Identify all acute and nonacute inpatient stays
  - *CABG* – Members who had CABG in any setting
  - *PCI* – Members who had PCI in any setting
  - *Other revascularization* – Members who had any other revascularization procedures in any setting

  Diagnosis – Identify members who had at least one encounter with a diagnosis of IVD during both the measurement year and the year prior to the measurement year. The following encounters meet criteria.

  - An outpatient visit, telephone visit, e-visit, virtual check-in or acute inpatient encounter with an IVD diagnosis
  - At least one acute inpatient discharge with an IVD diagnosis on the discharge claim
    - Identify all acute and nonacute inpatient stays
    - Exclude nonacute inpatient stays
    - Identify the discharge date for the stay

HEDIS® Measures

Statin Therapy for Patients with Cardiovascular Disease (SPC) cont.

Tips to Help Close Member Care Gaps: cont.

- Educate on the importance of complying with statin therapy during every communication
- If member has intolerance or side effects such as myalgias, if clinically appropriate consider a different statin that is hydrophilic (e.g., rosuvastatin or pravastatin)
- A lower dose than previously tried
- Reducing the frequency- simplify the medication regime by using once-daily dosage if possible
- Review the patient's medication list during each visit
- Routinely arrange the next appointment for consistent follow-up and monitoring

Required Exclusions:

- Members with a diagnosis of pregnancy during the measurement year or the year prior to the measurement year
- In vitro fertilization in the measurement year or the year prior to the measurement year.
- Dispensed at least one prescription for clomiphene during the measurement year or the year prior to the measurement year.
- ESRD during the measurement year or the year prior to the measurement year
- Dialysis during the measurement year or the year prior to the measurement year.
- Cirrhosis during the measurement year or the year prior to the measurement year
- Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year
- Myalgia or rhabdomyolysis caused by a statin any time during the member's history through December 31 of the measurement year.

HEDIS® Measures

Statin Therapy for Patients with Cardiovascular Disease (SPC) cont.

Required Exclusions: cont.

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.
- Members receiving palliative care any time during the measurement year.
- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement year.
- Medicare members 66 years of age and older as of December 31 of the measurement year who Enrolled in an Institutional SNP or Lived long-term in an institution any time during the measurement year
- Members 66 years of age and older as of December 31 of the measurement year with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded.

HEDIS® Measures

Statin Therapy for Patients with Cardiovascular Disease (SPC) cont.

Claims-based for HEDIS®
Pharmacy Data

High Intensity Statin
Atorvastatin 40-80 mg
Amlodipine-atorvastatin 40-80 mg
Rosuvastatin 20-40 mg
Simvastatin 80 mg
Ezetimibe-simvastatin 80 mg

Moderate Intensity Statin
Atorvastatin 10-20 mg
Amlodipine-atorvastatin 10-20 mg
Rosuvastatin 5-10 mg
Simvastatin 20-40 mg
Ezetimibe-simvastatin 20-40 mg
Pravastatin 40-80 mg
Lovastatin 40 mg
Fluvastatin 40-80 mg
Pitavastatin 1–4 mg

HEDIS® Measures

Statin Therapy for Patients with Cardiovascular Disease (SPC) cont.

Claims-based for HEDIS® Pharmacy Data
Codes include but not limited to:

Myocardial Infarction (MI)
ICD10CM: I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.B,
SNOMED: 194809007, 57054005, 233835003, 394710008

Coranary Artery Bi-Pass Graft (CABG)
CPT CODES: 33534, 33535, 33536, 33533, 33518, 33519, 33521, 33522, 33523, 33517, 33511, 33512, 33514, 33516, 33510, 33530
HCPCS: S2205, S2206, S2208, S2209, S2207
SNOMED: 175021005, 736970002, 736971003, 736972005, 736973000, 67166004, 8876004, 3546002, 405599002, 405598005,17073005, 232717009, 736962007, 736963002, 736964008, 736965009

Percutaneous coronary intervention (PCI)
ICD10PCS: Numerous Artery and device specific codes
CPT CODES: 92928, 92920, 92924, 92933, 92941, 92943, 92937
HCPCS: C9600, C9602, C9606, C9607, C9604
SNOMED: 414089002, 36969009, 68466008

Ischemic vascular disease (IVD)
ICD10CM:I20.0, I20.9, I25.5, I24.9, I25.6, I25.82, I25.83, I25.84, I25.85, I25.89, I25.9, I66.9, I67.2, I70.1
SNOMED: 233955003, 413439005, 413444003, 194828000, 81817003, 64586002, 432504007, 312829002

HEDIS® Measures

Cardiac Rehabilitation (CRE)

The percentage of members 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement. Four rates are reported:

1. *Initiation.* The percentage of members who attended **2** or more sessions of cardiac rehabilitation within **30** days after a qualifying event.
2. *Engagement 1*. The percentage of members who attended **12** or more sessions of cardiac rehabilitation within **90** days after a qualifying event.
3. *Engagement 2*. The percentage of members who attended **24** or more sessions of cardiac rehabilitation within **180** days after a qualifying event.
4. *Achievement.* The percentage of members who attended **36** or more sessions of cardiac rehabilitation within **180** days after a qualifying event.

Tips to Help Close Member Care Gaps:

- Intake period-July 1 of the year prior to the measurement year to June 30 of the measurement year.
- Episode date- The most recent cardiac event during the intake period, including myocardial infarction (MI), coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI), heart or heart/lung transplant or heart valve repair/ replacement
  - For MI, CABG, heart or heart/lung transplant or heart valve repair/replacement, the episode date is the *date of discharge.*
  - For PCI, the episode date is the *date of service*
  - For inpatient claims, the episode date is the *date of discharge*.
  - For direct transfers, the episode date is the *discharge date from the last admission*

HEDIS® Measures

Cardiac Rehabilitation (CRE) cont.

Note: *Count multiple cardiac rehabilitation sessions on the same date of service as multiple sessions. For example, if a member has two different codes for cardiac rehabilitation on the same date of service (or one code billed as two units), count this as two sessions of cardiac rehabilitation.*

Required Exclusions: Exclude members who meet any of the following criteria:

- Discharged from an inpatient setting with any of the following on the discharge claim **during** the 180 days after the episode date:
  - MI
  - CABG
  - Heart or heart/lung transplant
  - Heart valve repair or replacement
- PCI. Members who had PCI in any setting, **during** the 180 days after the episode date.
- Members who use hospice services or elect to use a hospice benefit any time **during** the measurement year
- Members who die any time during the measurement year.
- Members receiving palliative care any time during the intake period through the end of the measurement year.
- Members who had an encounter for palliative care) any time during the intake period through the end of the measurement year.

HEDIS® Measures

Cardiac Rehabilitation (CRE) cont.

Required Exclusions: cont

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
  - Enrolled in an Institutional SNP (I-SNP) any time during the intake period through the end of the measurement year.
  - Living long-term in an institution any time during the intake period through the end of the measurement year
- Members 66–80 years of age as of December 31 of the measurement year with frailty **and** advanced illness. Members must meet **both** frailty and advanced illness criteria to be excluded
- Members 81 years of age and older as of December 31 of the measurement year with at least **two** indications of frailty **with different dates of service** any time during the intake period through the end of the measurement year.

CPT Codes: 93797, 93798
HCPCS Codes: S9472, G0422, G0423
SNOMED CT CODES: 395696000, 395697009, 395698004, 395699007, 313395003, 229822009, 385979001 385980003, 24050008

Other Resources

Documentation Best Practice Checklist

- **Annually assess** all chronic conditions and document a plan for each one
- **Link medications** to help establish ongoing treatment especially if the medication is used to treat multiple conditions.
- **Use the term "History of"** before a condition if it no longer exists or has resolved
- **Validate** patient reported findings
- **Code and document all coexisting conditions** that require or affect patient care, treatment or management
- **Avoid using uncertain terms** when a diagnosis has been confirmed for a patient
- **Choose the highest level of specificity** when selecting an ICD-10 code
- **Keep problem list up to date** by removing acute and one-time conditions

Highmark Provider Resources

KNOWLEDGE COLLEGE

30-minute on-demand courses on risk adjustment coding and documentation to help providers comply with CMS standards and ICD-10-CM guidelines

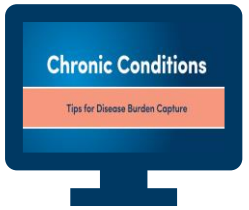
1. Log into Availity.
2. Navigate to the Provider Resource Center.
3. Locate “Resources and Education” in the menu bar and navigate to “Clinical Quality & Education”.
4. Select “Coding Education/HCC University”.

RISK ADJUSTMENT OVERVIEW

Review the foundations of what risk adjustment is, hierarchical condition categories, common errors, best practices and impacts to patient care

DISEASE BURDEN CAPTURE VIDEOS

Recorded videos focusing on accurate disease burden capture of patients’ complete health status to increase the quality of care that they receive

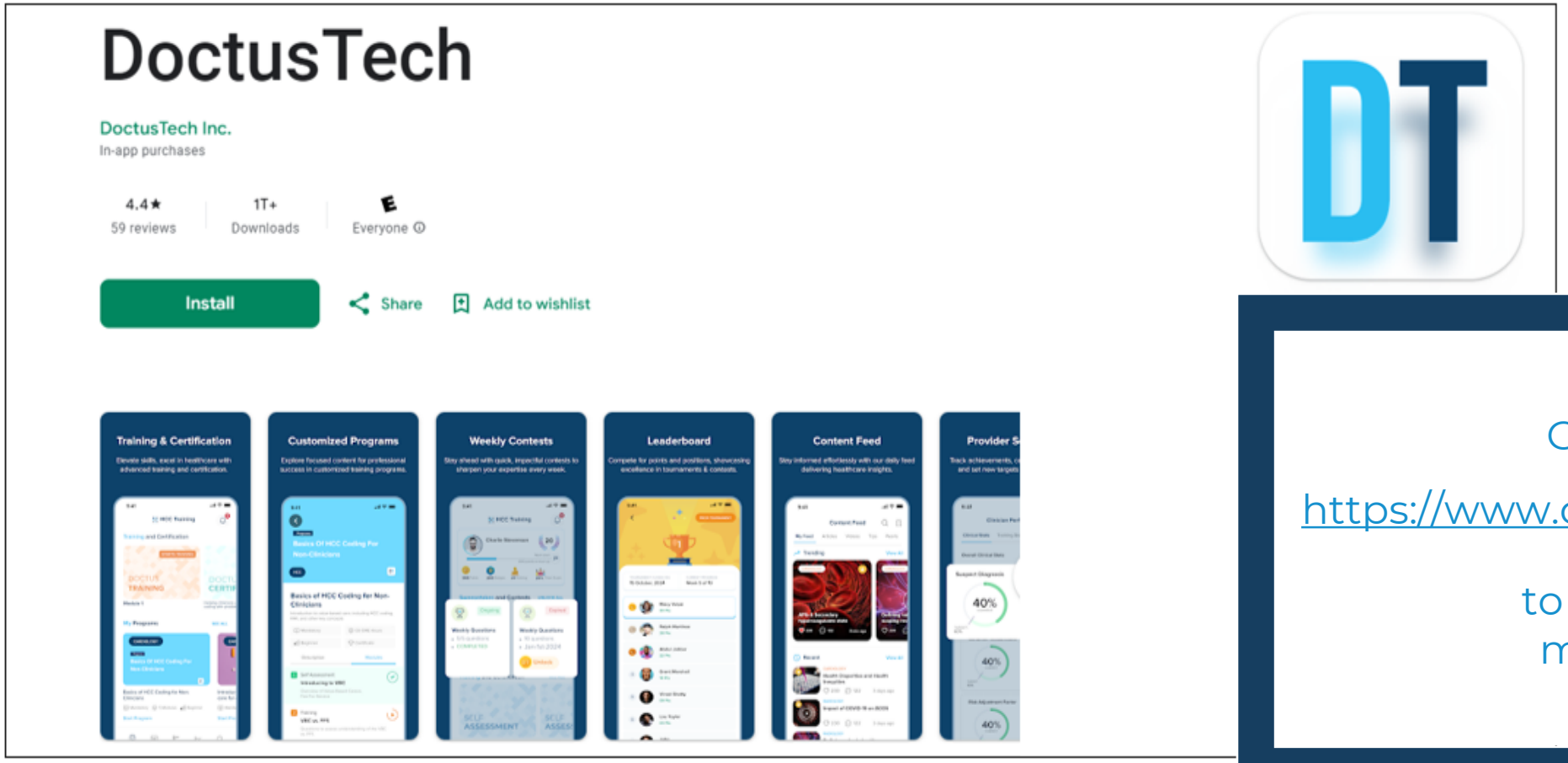


CODING & DOCUMENTATION CARDS

Reference cards to assist with documentation and coding according to CMS documentation standards and ICD-10-CM coding requirements

Other Resources

DoctusTech is an app that allows providers to build their knowledge on risk adjustment which assists with higher documentation specificity and accuracy in diagnosis code assignment. Providers can earn CME credit with completion of modules within the app.



Go to

https://www.doctustech.com

to learn more!

Questions regarding presentation materials?
Feedback on topics for upcoming sessions?

Email:
RiskAdjustmentCoding@Highmark.com

Thank You!