

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

Coronary Artery Disease Rx HCC



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Agenda

1. Rx HCC Overview
 2. Importance of addressing Rx HCCs
 3. Common Chronic Rx HCCs
 4. Additional resources
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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.

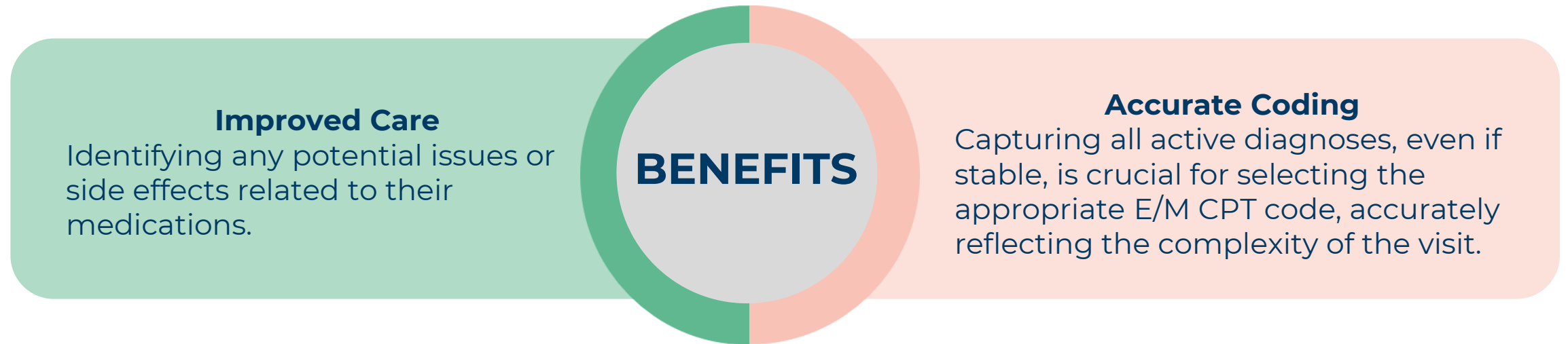
- Conditions only on the RxHCC model are often managed through prescription drugs and do not require regular visits
- RxHCC only conditions are at risk of not being captured annually and not reflecting in the member's risk score.

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

- Medical documentation from an in-person or audio & video visit
- Corresponding ICD-10 code on a claim

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.

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 aged 20 and older have CAD (about 5%)



Hypertension

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



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.



Migraine

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



Hyperlipidemia

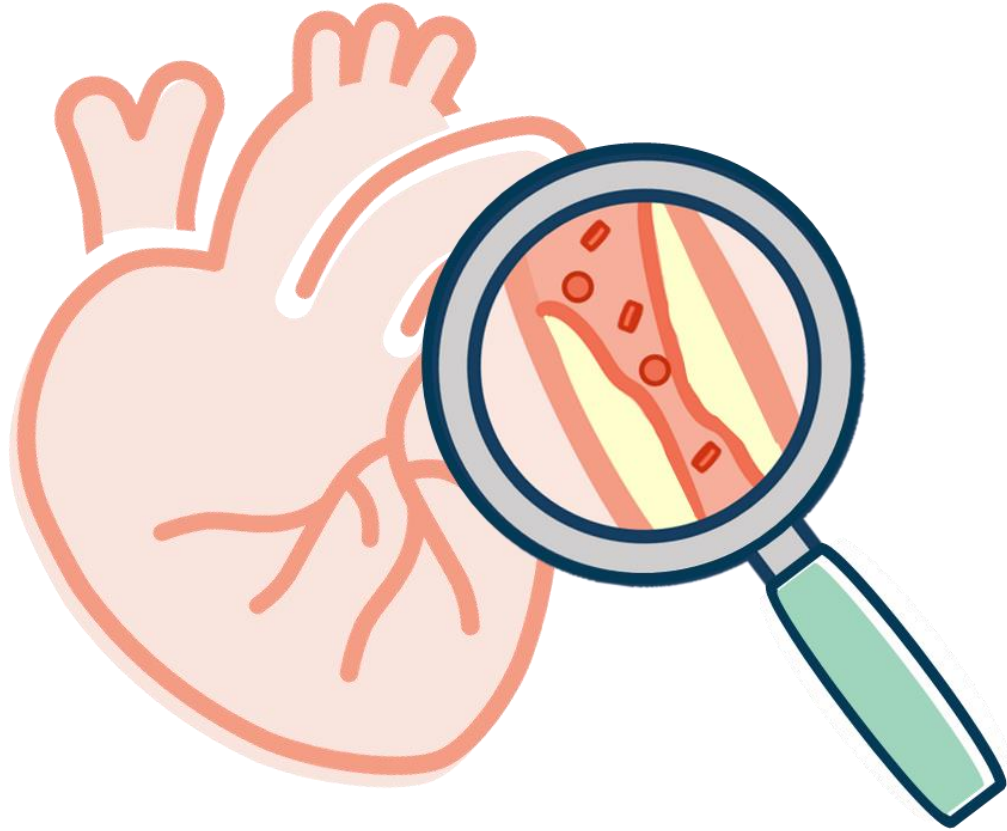
Slightly more than half of US adults (54.5%, or 47 million people) who could benefit from cholesterol medicine are currently taking it.



<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>

Coronary Artery Disease

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, clinicians should assess coronary artery disease (CAD) at minimum annually and review/update the medication list 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

Coding & Documentation Considerations

- Note the location
Native coronary artery, bypass graft, transplanted heart
- Specify the cause
Lipid rich plaque, calcified coronary lesion
- Document angina, if present
Angina pectoris, unstable, documented spasm, refractory
- Link the treatment to the condition
Lifestyle changes, medications, procedures
- Include supporting evidence
Imaging results, lab results, specialist's notes

Refer to the current version of the ICD-10-CM Official Guidelines for Coding and Reporting, the ICD-10-CM Index to Diseases and Injuries, and the Tabular List of Diseases for a list of all ICD-10-CM codes and coding instructions.

Coronary Artery Disease Category By Location	ICD-10-CM Codes
Native artery	125.10 - 125.119
Bypass graft(s), unspecified	125.700 - 125.709
Autologous vein bypass graft(s)	125.710 - 125.719
Autologous artery bypass graft(s)	125.720 - 125.729
Nonautologous biological bypass graft(s)	125.730 - 125.739
Native artery of transplanted heart	125.750 - 125.759
Bypass graft of transplanted heart	125.760 - 125.769
Other bypass graft(s)	125.790 - 125.799
Other coronary vessels without angina	125.810 - 125.812

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 – 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.

The clinician 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.**

Additional 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 Resource Center

KNOWLEDGE COLLEGE

15-minute on-demand courses on risk adjustment coding and documentation to help clinicians 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



CODING & DOCUMENTATION CARDS

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



Have questions about risk adjustment?

**Want to share feedback or suggest topics
for future presentations?**

Email:

RiskAdjustmentCoding@Highmark.com