

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

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# Hyperlipidemia Rx HCC

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# Agenda

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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.

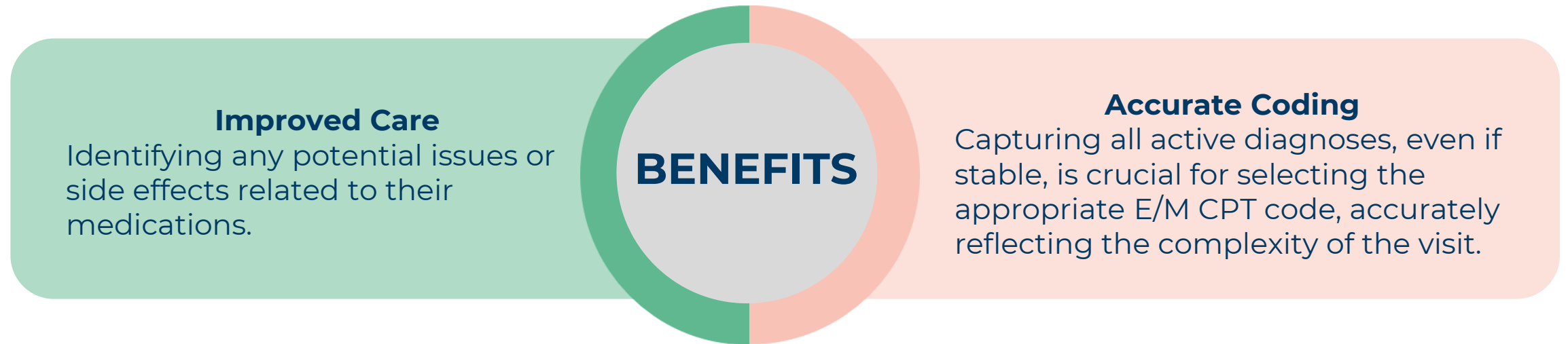
- Conditions only on the RxHCC model are often managed through prescription drugs and do not require regular visits
- RxHCC only conditions are at risk of not being captured annually and not reflecting in the member's risk score.

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>

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# Hyperlipidemia

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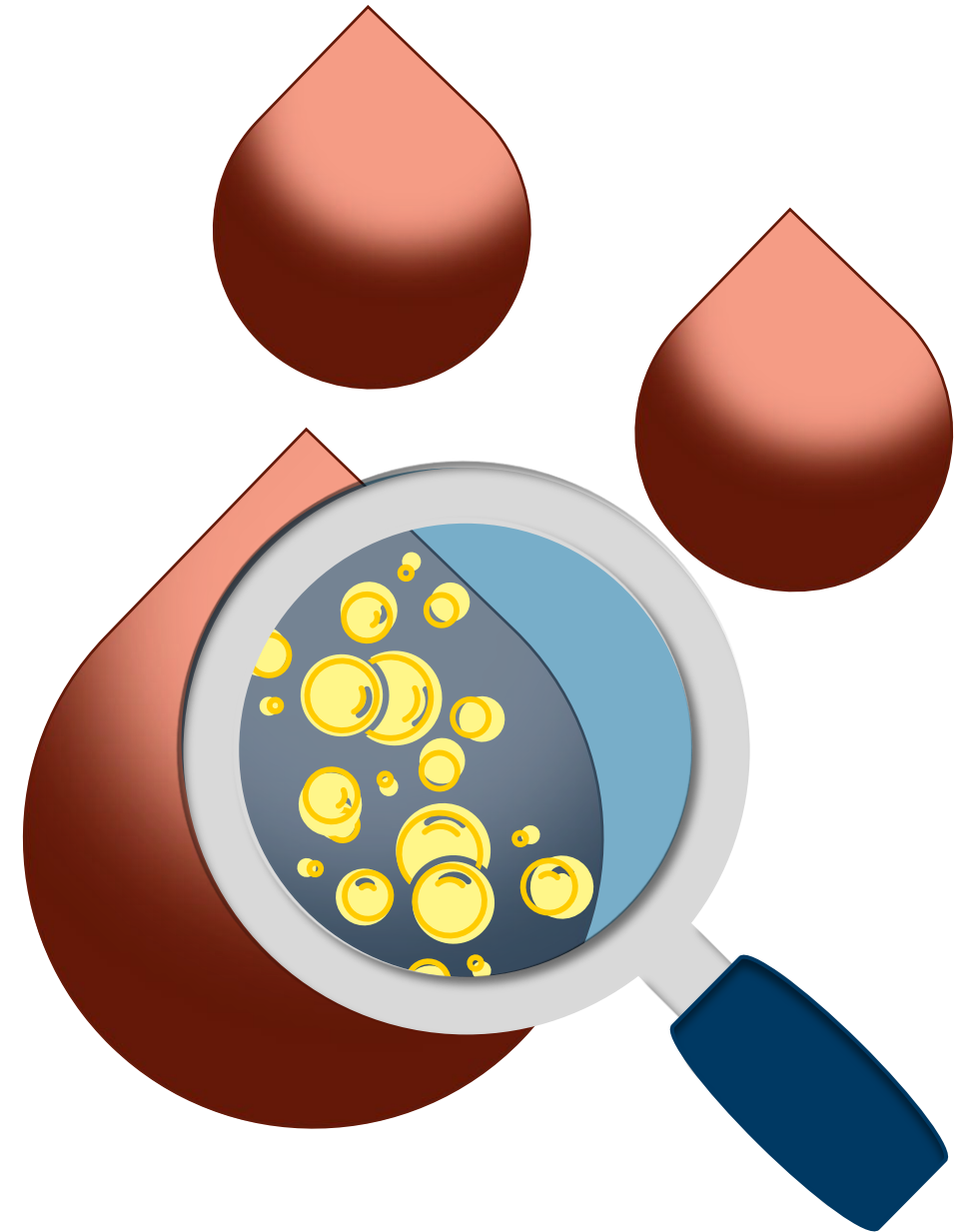
# Hyperlipidemia

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:

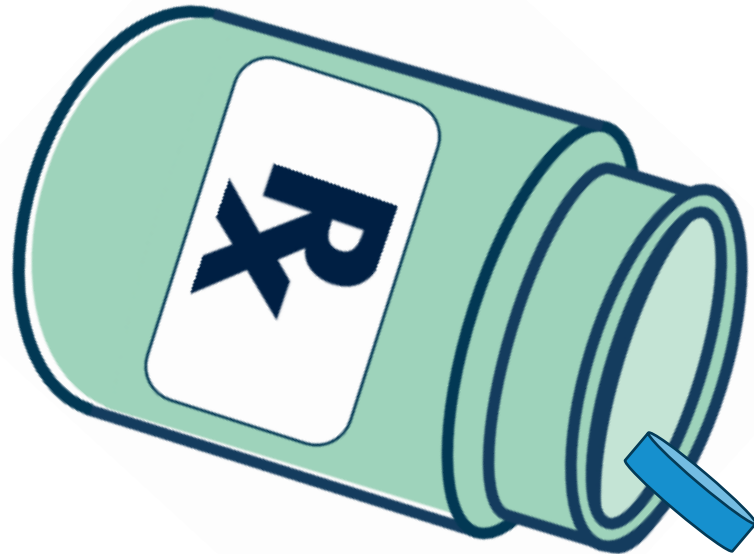
- Pure hypercholesterolemia
- Familial hypercholesterolemia
- Pure hyperglyceridemia
- Mixed hyperlipidemia

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



# Use of Medications in Hyperlipidemia

The patient's labs should be checked annually, and any medications prescribed for management of hyperlipidemia should be linked and documented.



## Commonly Used Medications

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

# 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 the condition not being addressed.

## 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

## Record any contributing lifestyle factors

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

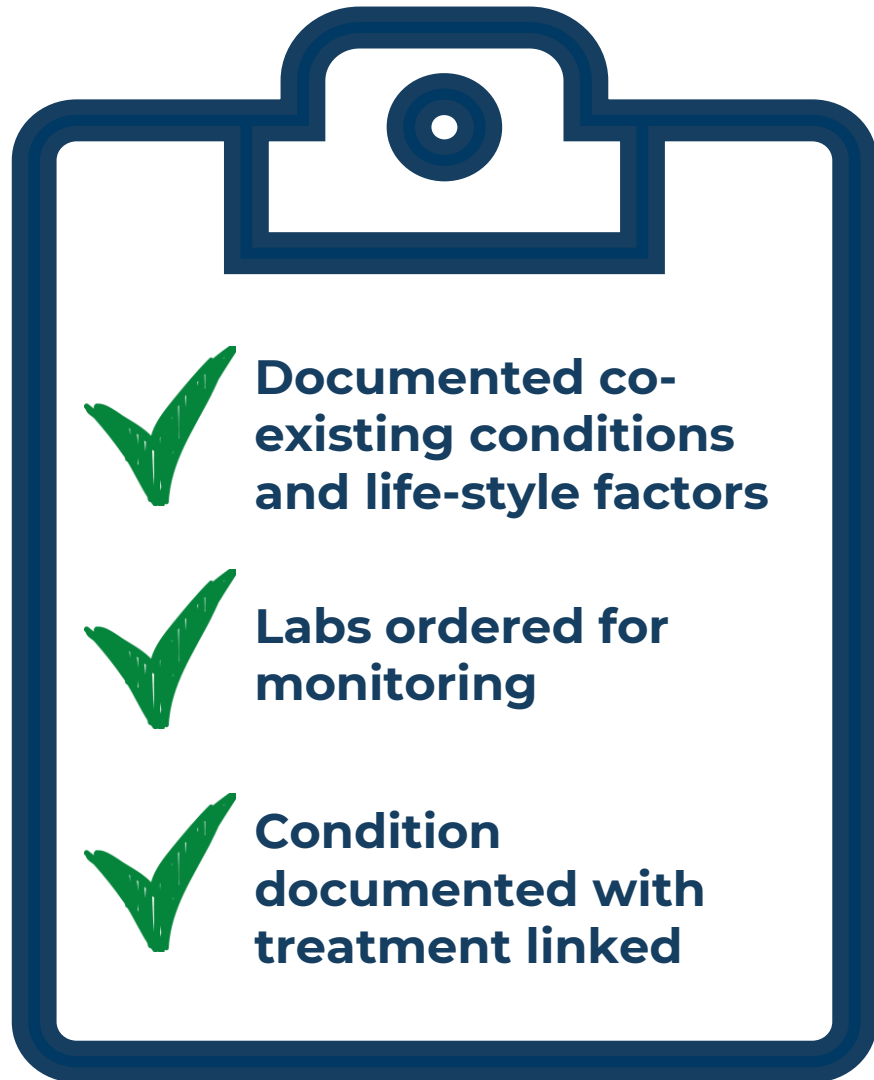
## Document any coexisting conditions

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

## Document the care plan & include supporting evidence

- Lab results
- Medications indicated for treatment

# 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:

**Atorvastatin 40mg**  
**Evolocumab 140 mg SC q2wk**

## Assessment & Plan:

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

The clinician 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**.

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# **Additional Resources**

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# 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](mailto:RiskAdjustmentCoding@Highmark.com)**