

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

Hypertension Rx HCC



Disclaimer

This presentation is the property of Highmark Inc., Highmark Health, and/or its subsidiaries (“Highmark”) and is proprietary and confidential and may not be recorded in any manner including, without limitation, audio, video, photograph, screenshot, or by any other means or in any other media. Broadcasting, publication, or sharing of these materials without Highmark’s express permission is strictly prohibited. This presentation is accurate as of the date it is presented but may change pursuant to regulatory requirements or in response to changing business needs. The information provided is intended to assist with support for the documentation accuracy of the diagnosis codes reported to Highmark. Providers should still reference official ICD-10-CM coding guidelines and coding manuals or electronic coding software for accurate reporting of compliant diagnosis codes. This presentation is not intended to situate Highmark as a provider of medical services or dictate the diagnosis, care, or treatment of patients. Your medical judgment remains independent with respect to all medically necessary care to your patients.

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life, Highmark Care Benefits Inc., Highmark Senior Health Company or Gateway Health Plan, Inc. d/b/a Highmark Wholecare. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company, Highmark Senior Health Company or Gateway Health Plan, Inc. d/b/a Highmark Wholecare. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company. Highmark Senior Solutions Company or Highmark Health Options West Virginia Inc. d/b/a Highmark Health Options. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield. All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Availity is an independent company that contracts with Highmark to offer provider portal services.

Agenda

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

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.

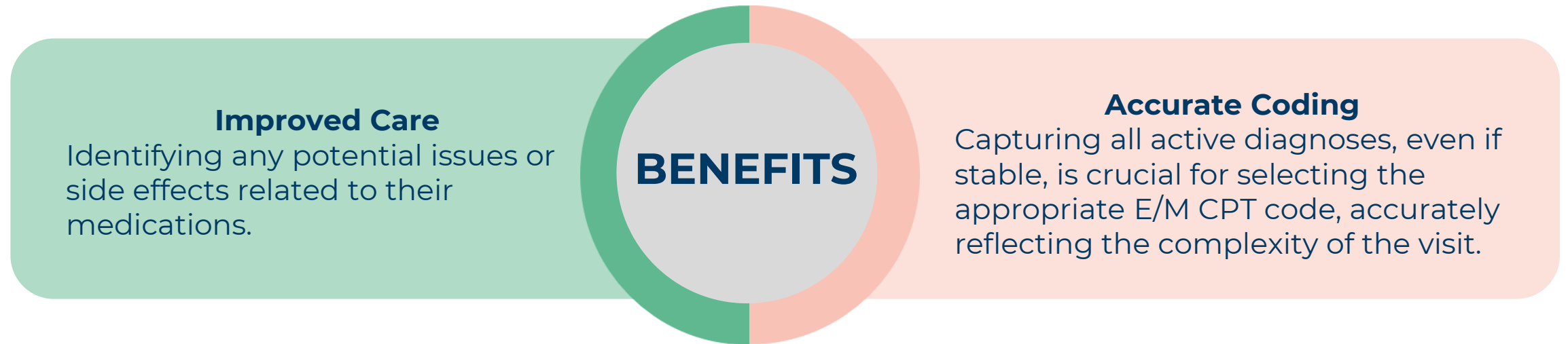
- Conditions only on the RxHCC model are often managed through prescription drugs and do not require regular visits
- RxHCC only conditions are at risk of not being captured annually and not reflecting in the member's risk score.

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>

Hypertension

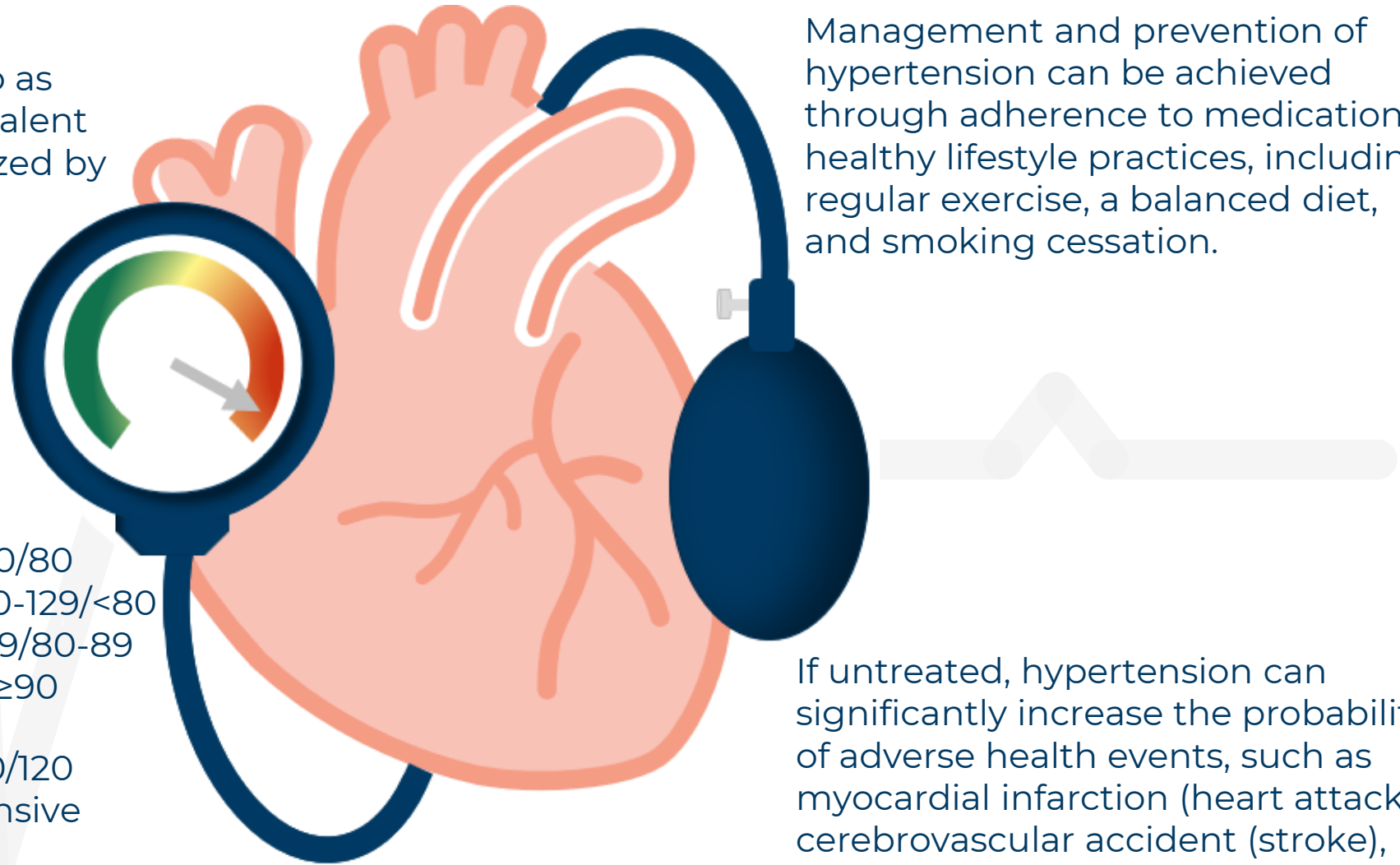
Hypertension

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

Blood Pressure Categories

- **Normal** blood pressure $\leq 120/80$
- **Elevated** blood pressure $120-129/<80$
- **Stage 1** hypertension $130-139/80-89$
- **Stage 2** hypertension $\geq 140/\geq 90$

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



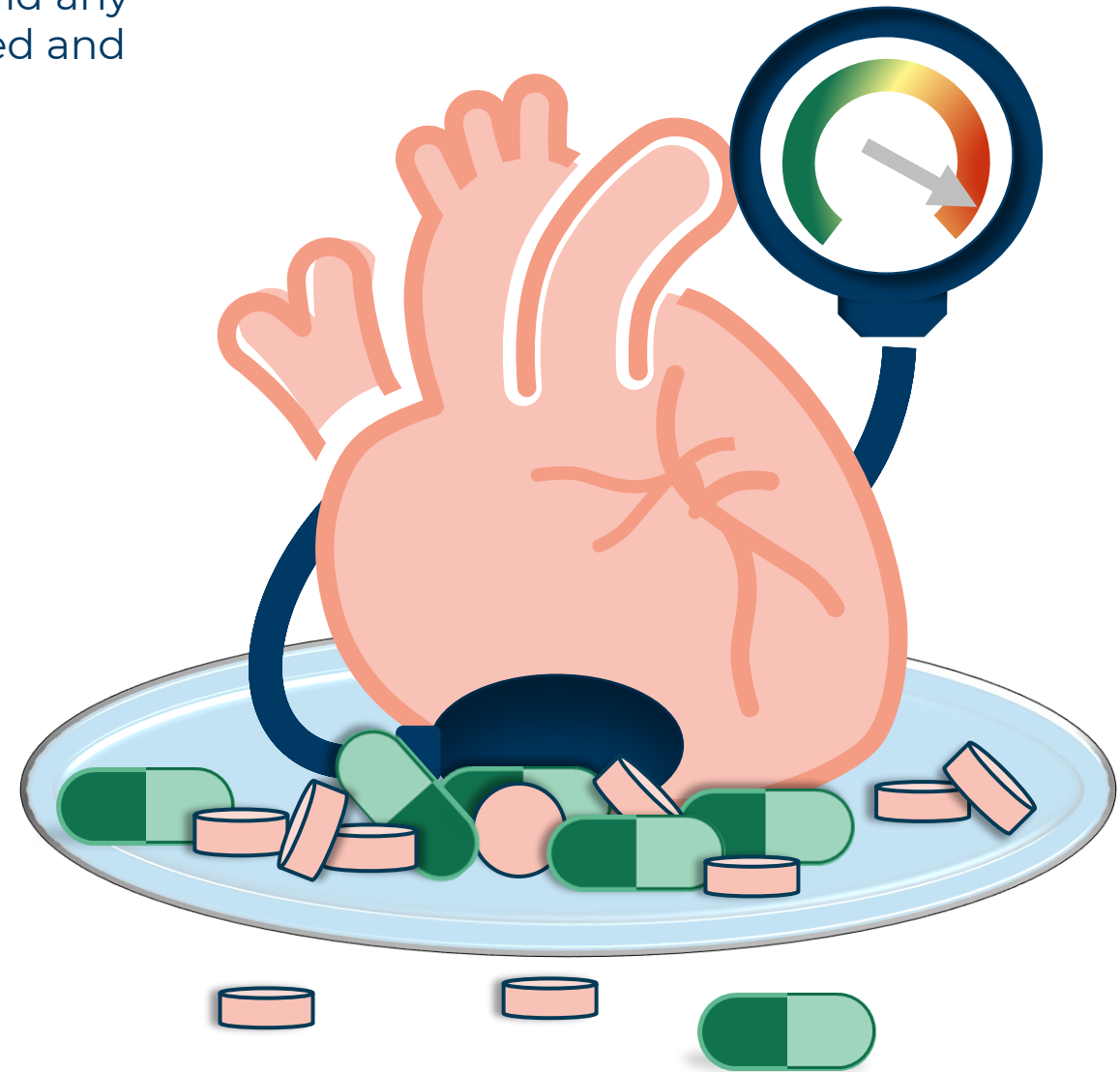
Management and prevention of hypertension can be achieved through adherence to medications, healthy lifestyle practices, including regular exercise, a balanced diet, and smoking cessation.

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.

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:

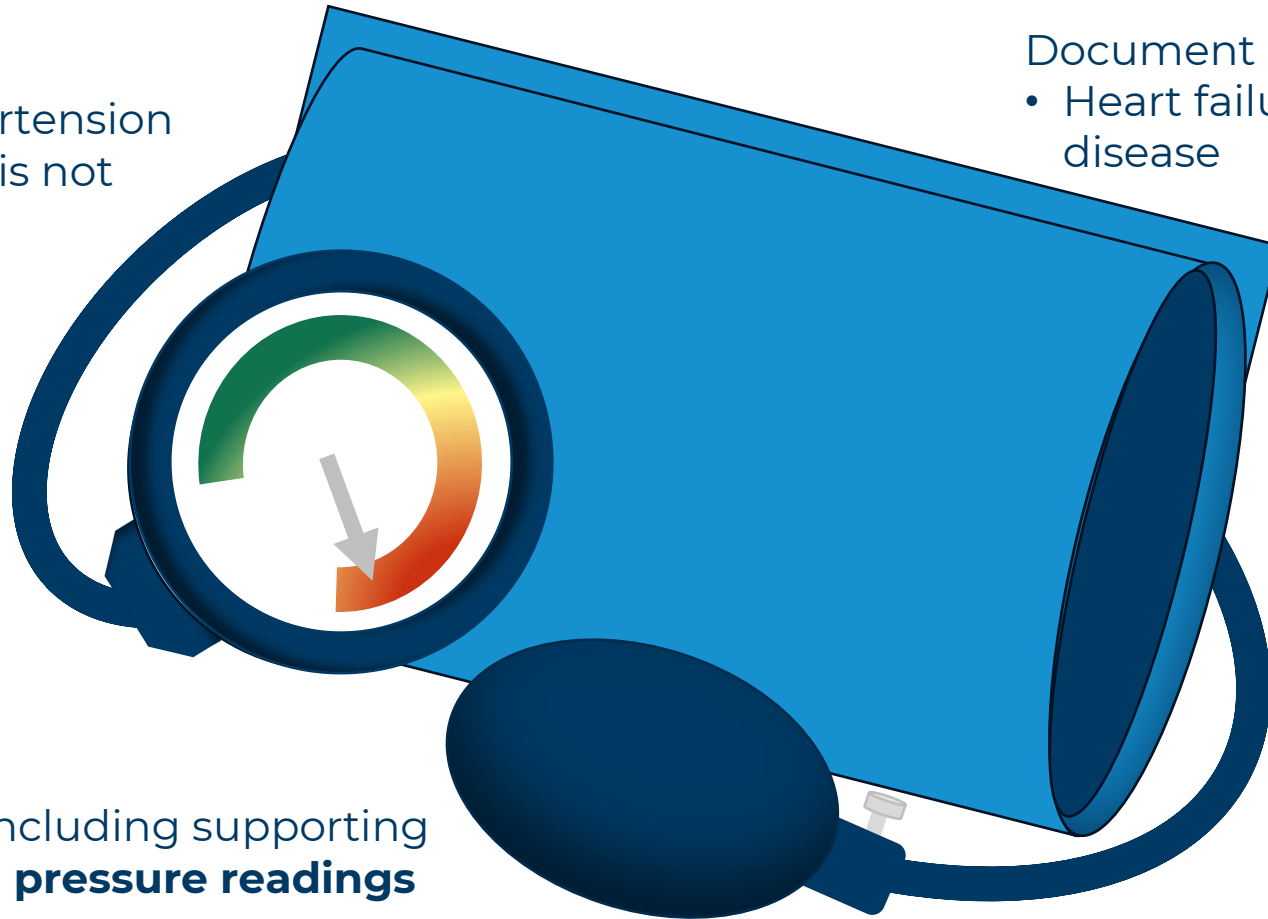
State the patient has hypertension

- 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)

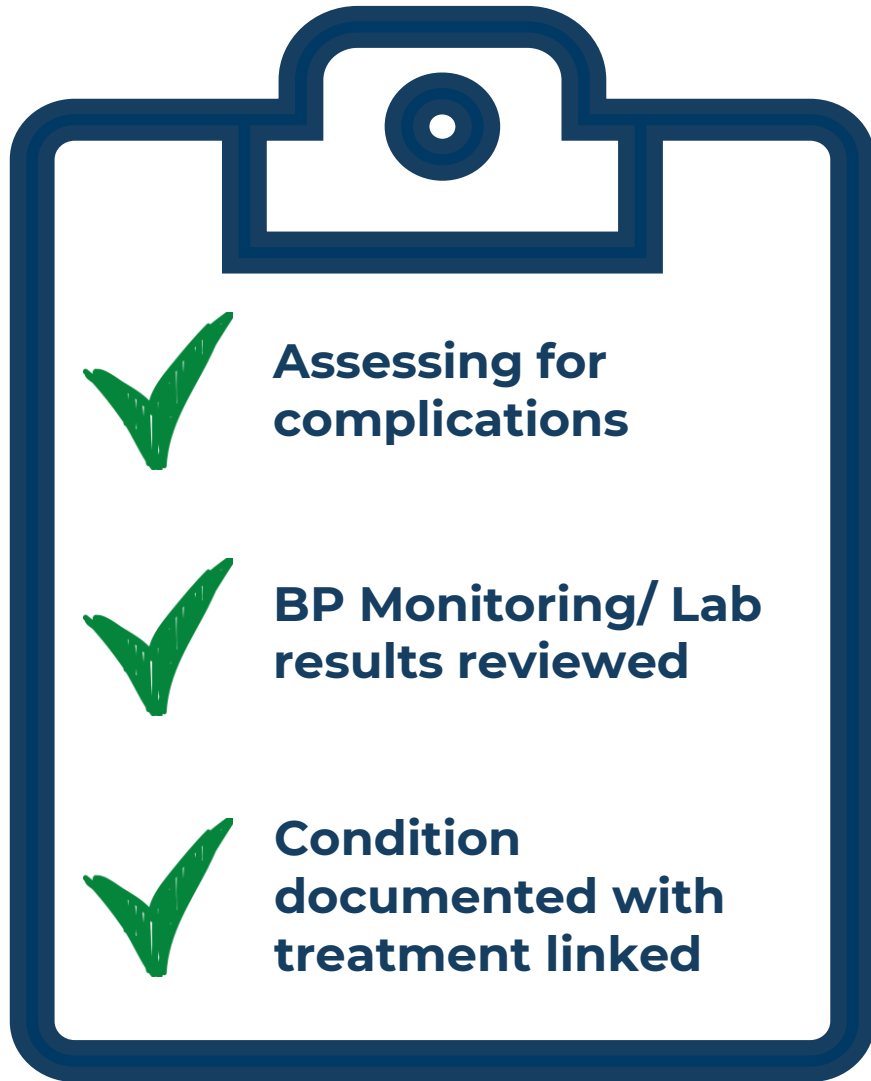
Hypertension
 +  Chronic Kidney Disease = Hypertensive chronic kidney disease
I12. _

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 clinician 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**.

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