

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

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# Migraine 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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# Migraine

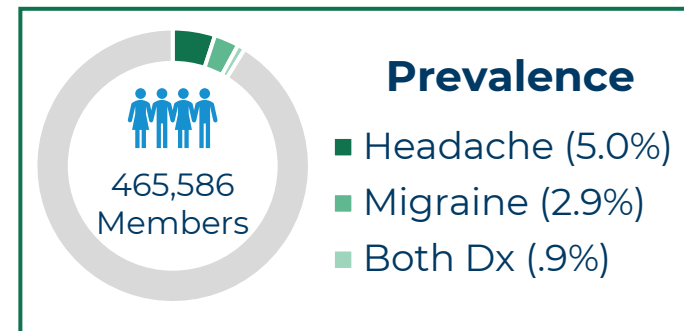
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# Migraine Diagnosis vs Medication

DOS 2025

## Migraine Medications

Aimovig      Emgality  
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## Members on a Migraine Medication

Headache Dx	Migraine Dx	Both Dx	Non-Headache Dx	Total
138	5,101	91	9,510	14,840

- **34% of members have an associated migraine diagnosis** linked to their migraine medication
- **66% 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**
- Clinicians 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

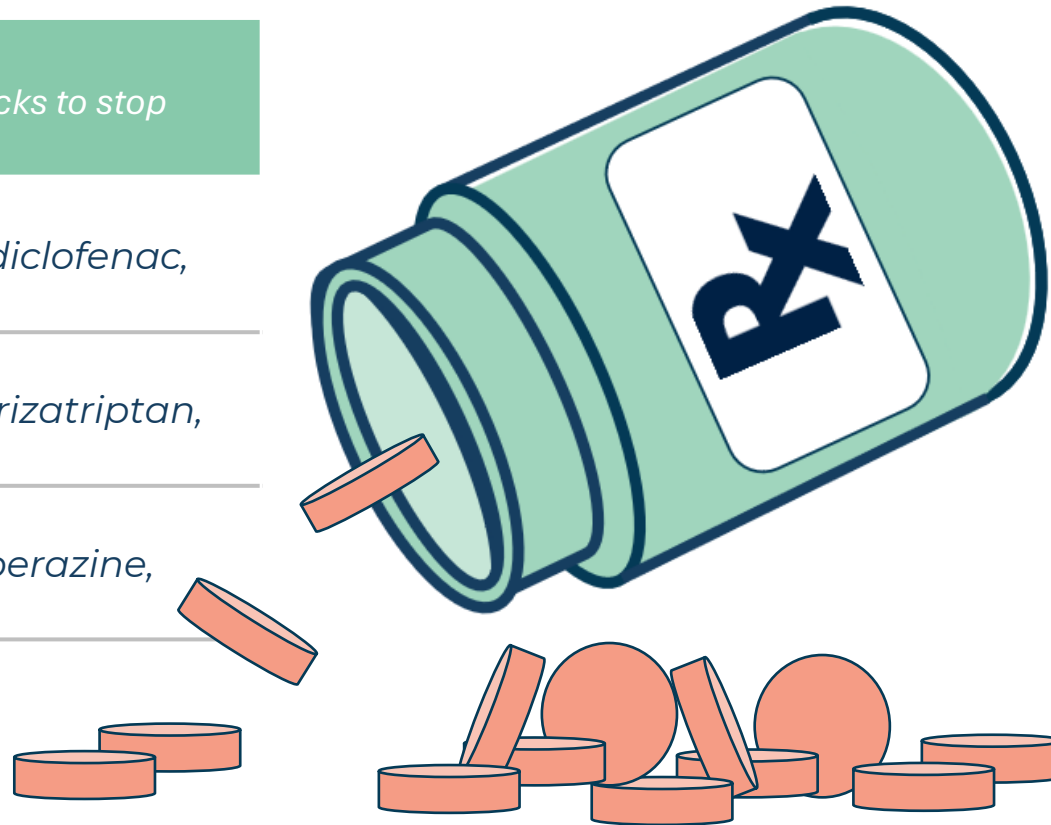
*sumatriptan, zolmitriptan, rizatriptan, eletriptan, naratriptan*

### 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*

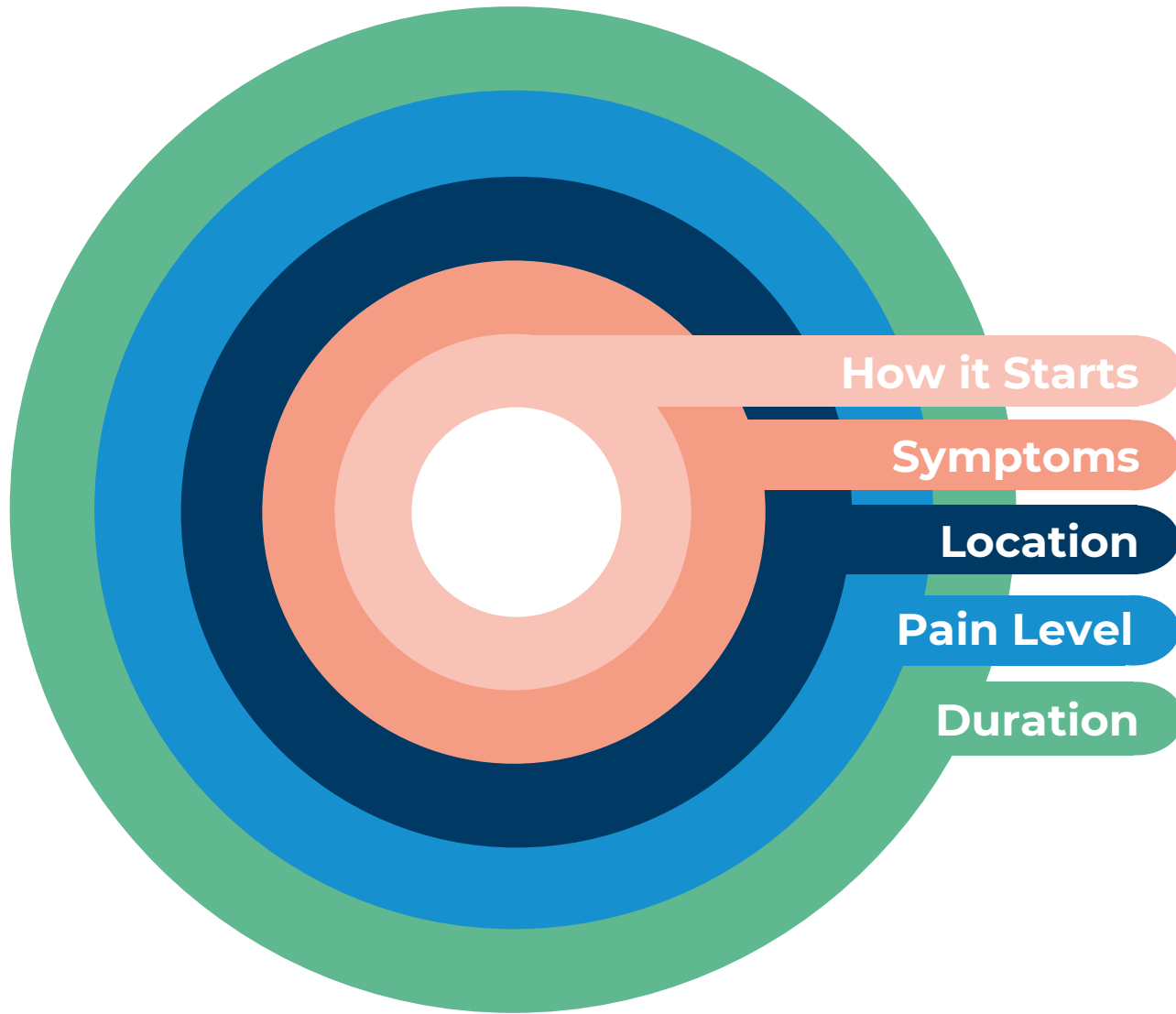
### Antiepileptics

*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 Vs Headache




 **Headache:** Tends to slowly develop  
**Migraine:** Comes on suddenly

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

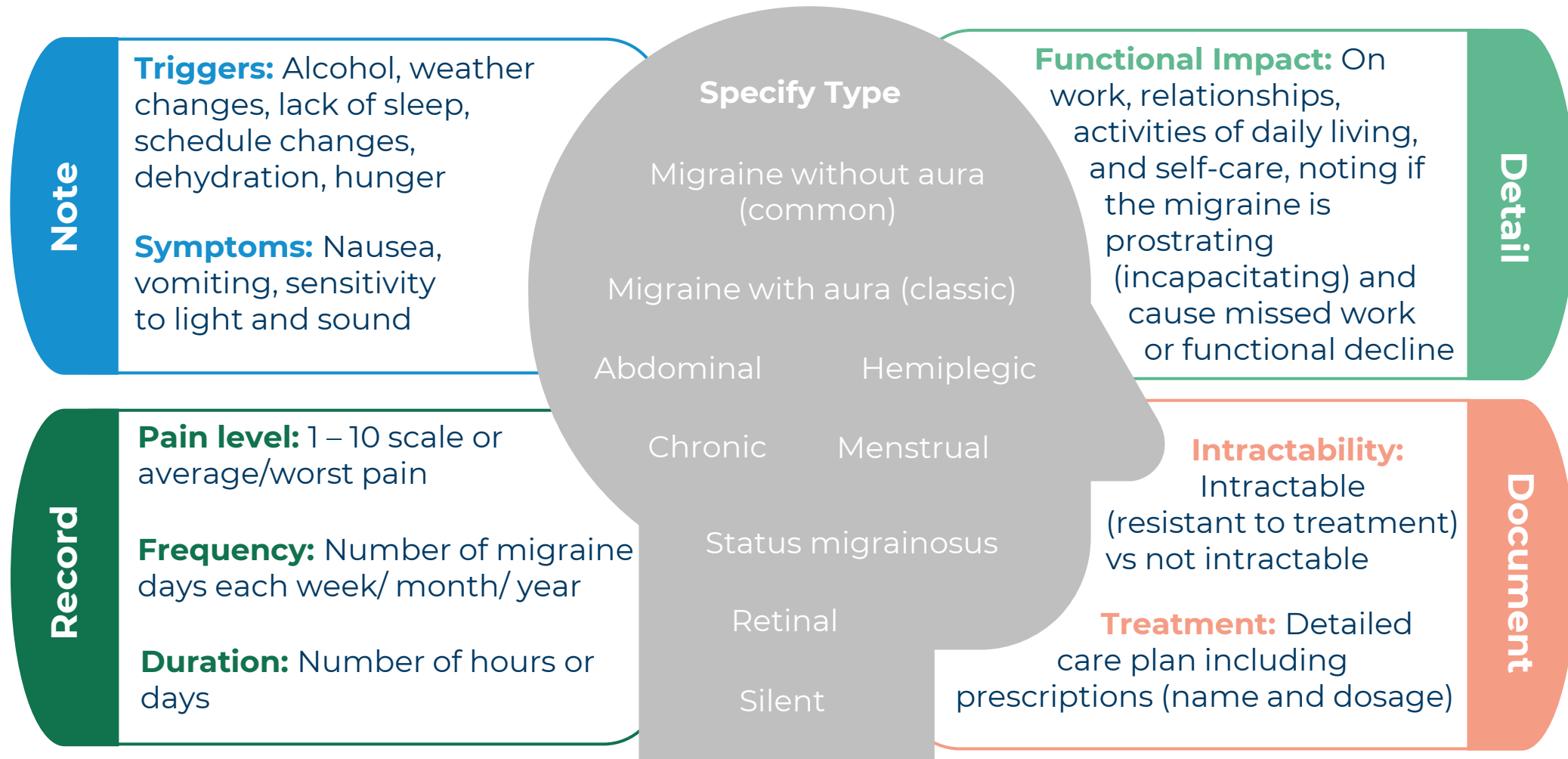
 **Headache:** Around the head or in the sinuses  
**Migraine:** Usually on one side of the head

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

 **Headache:** 30 minutes or longer  
**Migraine:** Hours to days

# Migraine Documentation Considerations

Accurate and thorough documentation is vital for effective diagnosis, treatment, and ongoing management of migraine conditions.



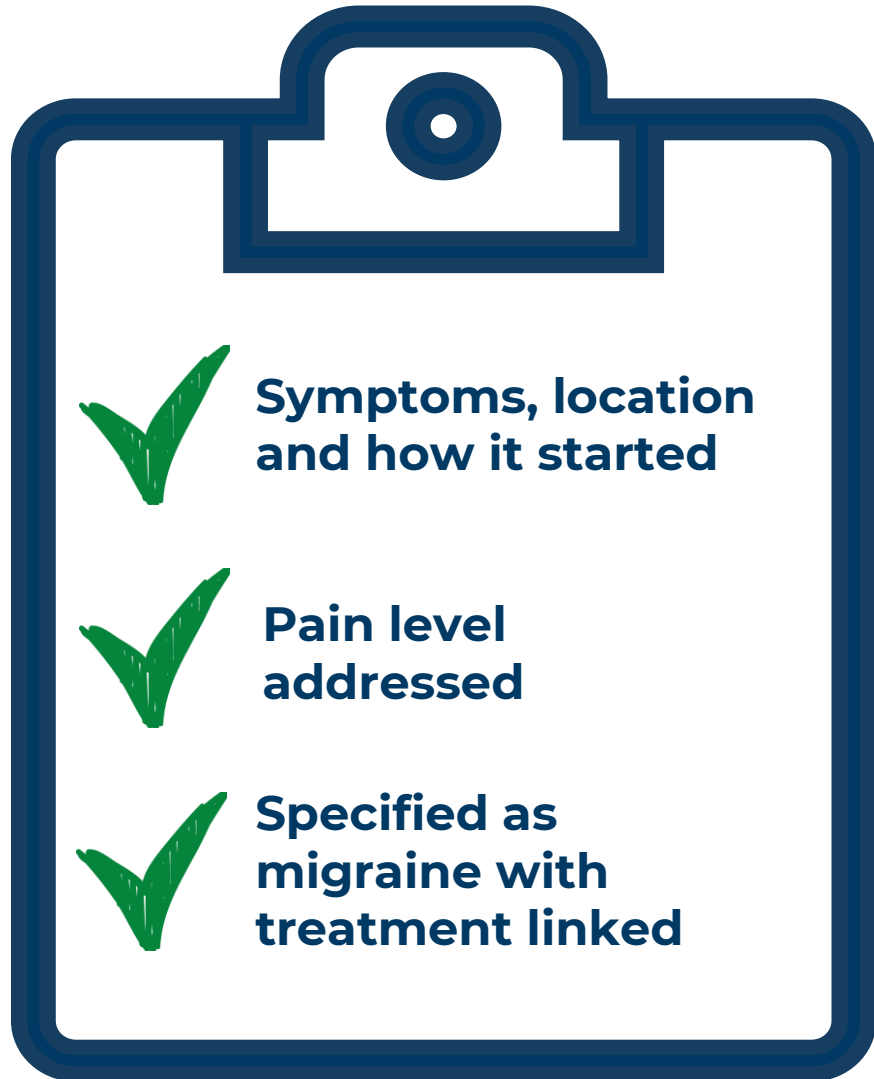
## Migraine ICD-10-CM Codes

Migraine without aura		Persistent migraine aura with cerebral infarction	
G43.001	<b>Not intractable</b> , with status migrainosus	G43.601	<b>Not intractable</b> , with status migrainosus
G43.009	<b>Not intractable</b> , without status migrainosus	G43.609	<b>Not intractable</b> , without status migrainosus
G43.011	<b>Intractable</b> , with status migrainosus	G43.611	<b>Intractable</b> , with status migrainosus
G43.019	<b>Intractable</b> , without status migrainosus	G43.619	<b>Intractable</b> , without status migrainosus
Migraine with aura		Chronic migraine without aura	
G43.101	<b>Not intractable</b> , with status migrainosus	G43.701	<b>Not intractable</b> , with status migrainosus
G43.109	<b>Not intractable</b> , without status migrainosus	G43.709	<b>Not intractable</b> , without status migrainosus
G43.111	<b>Intractable</b> , with status migrainosus	G43.711	<b>Intractable</b> , with status migrainosus
G43.119	<b>Intractable</b> , without status migrainosus	G43.719	<b>Intractable</b> , without status migrainosus
Hemiplegic migraine		Chronic migraine with aura	
G43.401	<b>Not intractable</b> , with status migrainosus	G43.E01	<b>Not intractable</b> , with status migrainosus
G43.409	<b>Not intractable</b> , without status migrainosus	G43.E09	<b>Not intractable</b> , without status migrainosus
G43.411	<b>Intractable</b> , with status migrainosus	G43.E11	<b>Intractable</b> , with status migrainosus
G43.419	<b>Intractable</b> , without status migrainosus	G43.E19	<b>Intractable</b> , without status migrainosus
Persistent migraine aura without cerebral infarction		Menstrual migraine	
G43.501	<b>Not intractable</b> , with status migrainosus	G43.821	<b>Not intractable</b> , with status migrainosus
G43.509	<b>Not intractable</b> , without status migrainosus	G43.829	<b>Not intractable</b> , without status migrainosus
G43.511	<b>Intractable</b> , with status migrainosus	G43.831	<b>Intractable</b> , with status migrainosus
G43.519	<b>Intractable</b> , without status migrainosus	G43.839	<b>Intractable</b> , without status migrainosus

## Migraine ICD-10-CM Codes

Other migraine		Cyclical vomiting, in migraine	
G43.801	<b>Not intractable</b> , with status migrainosus	G43.A0	<b>Not intractable</b>
G43.809	<b>Not intractable</b> , without status migrainosus	G43.A1	<b>Intractable</b>
Migraine unspecified		Ophthalmoplegic migraine	
G43.811	<b>Intractable</b> , with status migrainosus	G43.B0	<b>Not intractable</b>
G43.819	<b>Intractable</b> , without status migrainosus	G43.B1	<b>Intractable</b>
		Abdominal migraine	
G43.901	<b>Not intractable</b> , with status migrainosus	G43.D0	<b>Not intractable</b>
G43.909	<b>Not intractable</b> , without status migrainosus	G43.D1	<b>Intractable</b>
G43.911	<b>Intractable</b> , with status migrainosus		
G43.919	<b>Intractable</b> , without status migrainosus		

# 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.

The clinician 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.

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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)**