

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

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# Thyroid Disease 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.

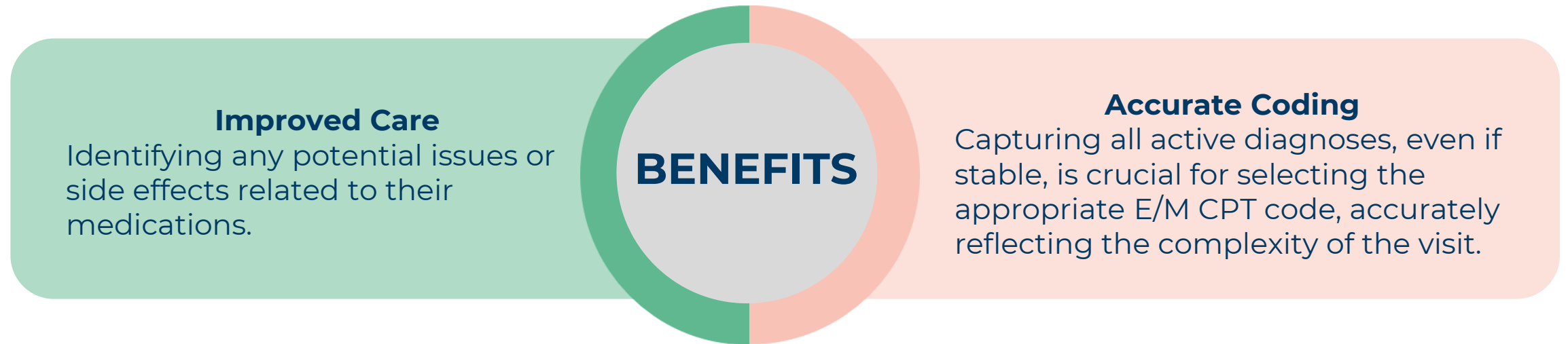
- Conditions only on the RxHCC model are often managed through prescription drugs and do not require regular visits
- RxHCC only conditions are at risk of not being captured annually and not reflecting in the member's risk score.

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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# Thyroid Disease

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# Thyroid Disease

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

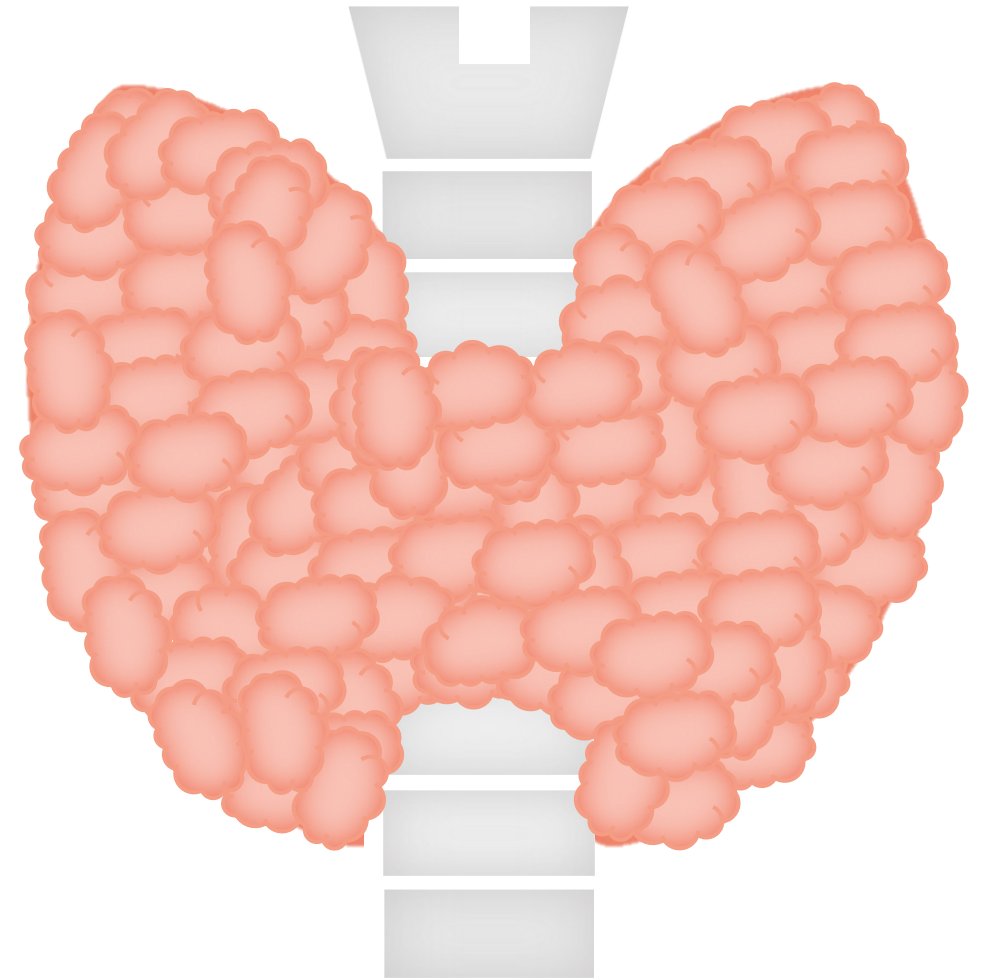
## The two main types are:

### **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

Cold intolerance, weight gain, depression, fatigue, or constipation

**Autoimmune conditions,**  
Medications, surgery, radiotherapy to head/neck area, or pituitary tumors

Blood work

Levothyroxine monotherapy

Myxedema coma  
(endocrine emergency)

### Symptoms



### Causes



### Testing



### Treatment



### Complications



Not exhaustive lists

## Hyperthyroidism

Heat intolerance, weight loss, anxiety, hyperreflexia, diarrhea, or palpitations

Graves disease, toxic multinodular goiter, or toxic adenoma

Blood work,  
**Radioactive thyroid scan**

Beta blockers for symptom management, radioactive iodine therapy, subtotal thyroidectomy

Hypocalcemia due to hypoparathyroidism, laryngeal nerve paralysis, hemorrhage

# 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**

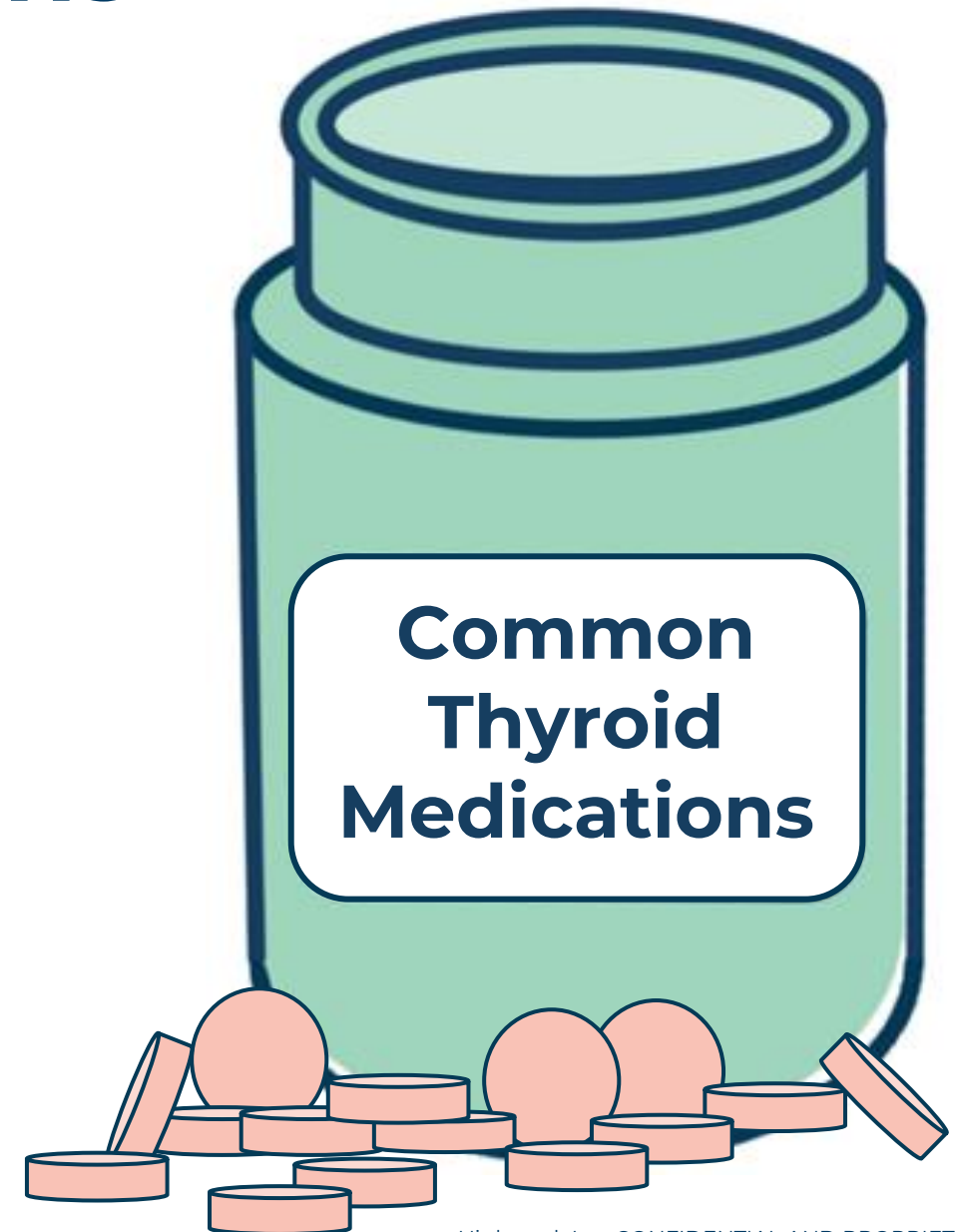
*(Cytomel)*

**liotrix**

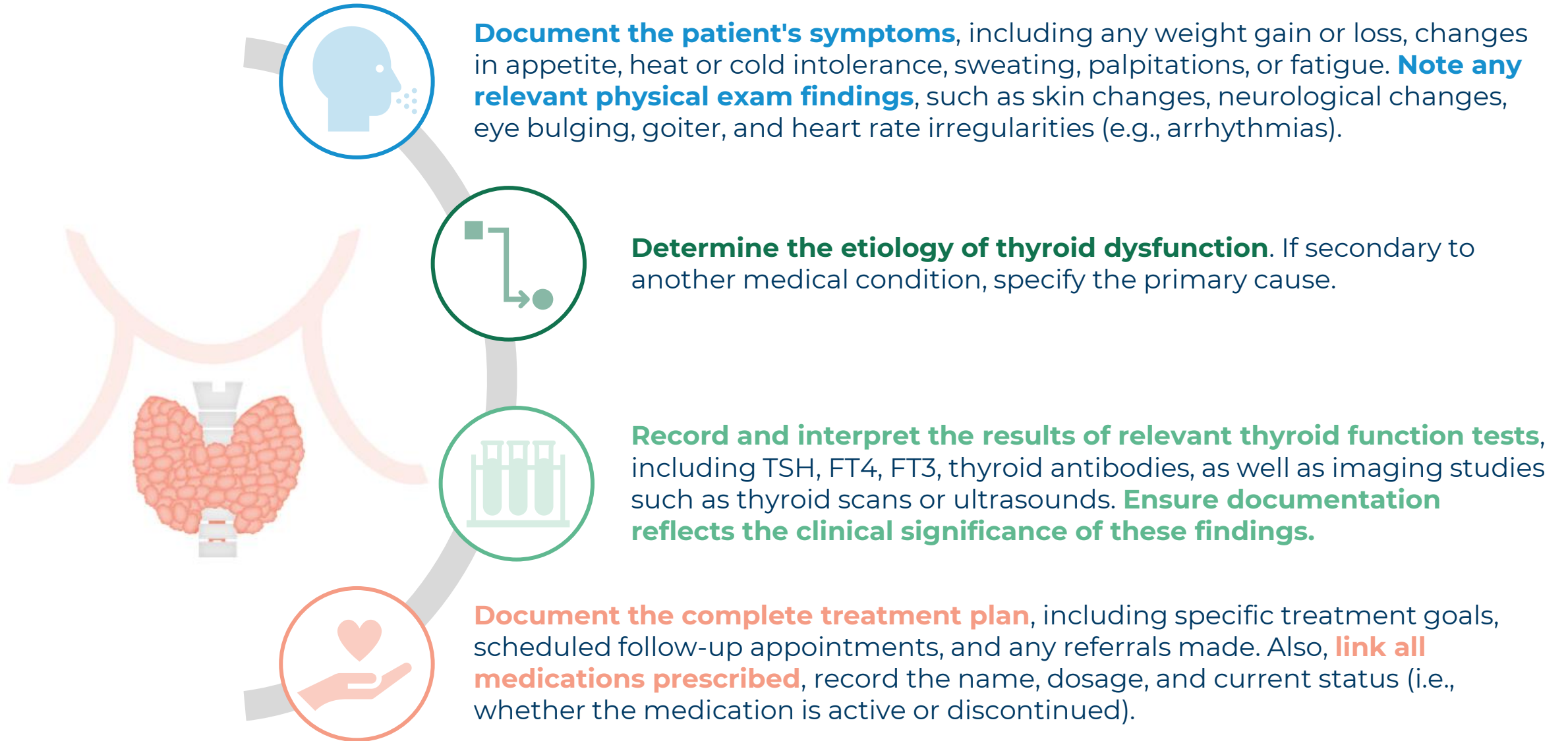
*(Thyrolar)*

**natural thyroid**

*(Armour Thyroid, Nature-thyroid, Westhroid)*



# Thyroid Disease Documentation Considerations



# 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

### 5<sup>th</sup> 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 multinodular goiter
E05.3_	Thyrotoxicosis from ectopic thyroid tissue
E05.4_	Thyrotoxicosis factitia
E05.8_	Other thyrotoxicosis
E05.9_	Thyrotoxicosis, unspecified

# Hypothyroidism Example



## HPI:

63-year-old female here for AWW. 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

**The clinician 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**

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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)**