# Rx HCCs

The Prescription Drug Hierarchical Condition Category (RxHCC) risk adjustment model is a methodology developed by the Centers for Medicare and Medicaid Services (CMS) to predict a payer's expected prescription drug costs for their enrolled Part D members, who are assigned a separate Part D risk score that may differ from their CMS-HCC (Part C) risk score. Conditions identified within the RxHCC model are frequently managed with prescription medications. Some of the most common Rx HCC chronic conditions include: Thyroid disease, Osteoporosis, Hypertension, Hyperlipidemia, Coronary Artery Disease, and Migraine. Due to their stability with medication and asymptomatic presentation, Rx HCC chronic conditions can be easily missed during routine clinical assessments, leading to a lack of annual documentation that consequently impacts the member's overall risk score. Preventing Rx HCC oversight is critical, and annual wellness visits provide a crucial opportunity for this. During these visits, a thorough review of all active prescriptions and their corresponding diagnoses is essential to establish a complete understanding of the member's clinical status.

## Best Documentation Practices

### Signs & symptoms

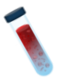
Note any findings from the physical exam & document any relevant signs & symptoms.

### Blood pressure readings

Log blood pressure readings taken at each visit & any retakes if the initial reading is outside of range.

### Annual comprehensive medication reviews

Assess all active prescriptions & document the corresponding diagnoses being treated by the medications.



### Lab & diagnostic findings

Review the results and note the clinical significance in the documentation.

### Lifestyle management & risk factors

Include the age, history (dietary, family, & fall), level of physical activity, & smoking status.

## M.E.A.T. the Condition

Proper documentation requires at least one of these four elements be present in the documentation for each condition

**How is the patient doing?**

Document signs, symptoms, disease progression/regression or ongoing surveillance

**What is the current state of the condition?**

Document current state, test results, medication effectiveness or response to treatment

**How will the condition be evaluated?**

Document discussion, review of records, counseling, or ordering further tests

**What is being done to help the condition?**

Document care, prescribed medications, referral to specialist or other modalities

CMS requires **annual coding and reporting of all chronic conditions**. A condition is not considered present in a given year unless it is appropriately documented and coded in that year.

# Rx HCC ICD-10 Category Reference Guide

This list of ICD-10 codes (containing incomplete codes) is not exhaustive. 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. Copies of the Risk Adjustment models can be found at www.cms.gov/medicare/payment/medicare-advantage-rates-statistics/risk-adjustment.

| Common Rx HCCS | |
|---|---|
| E00 – E07 | Disorders of thyroid gland |
| E78 | Disorders of lipoprotein metabolism and other lipidemias |
| G43 | Migraine |
| I10 – I1A | Hypertensive diseases |
| I25 | Chronic ischemic heart disease |
| M80 – M85 | Disorders of bone density and structure |

| Coding Example 1 | |
|---|---|
| **Documentation** | **HPI:** Here for AWV. Blood work done last week. Thyroid levels stable, currently asymptomatic.<br>**Labs:** TSH 3.8 uIU/mL, Free T4 1.2 ng/dL<br>**Assessment & Plan:** Hypothyroidism – Labs reviewed and WNL, recheck in 3 months. On Levothyroxine, no changes at this time. |
| **ICD-10 Code(s)** | E03.9 Hypothyroidism, unspecified |
| **Rationale** | The clinician documented the current asymptomatic status of the patient, reviewed the labs and interpreted as within normal limits and provided an assessment & plan addressing the medication management with Levothyroxine. |

| Coding Example 2 | |
|---|---|
| **Documentation** | **Subjective:** Follow up of HTN with no complaints. Consistent medication adherence with Amlodipine and Losartan and following heart healthy diet low in sodium.<br>**Vitals:** BP 128/82<br>**Assessment & Plan:** Essential hypertension – BP well controlled. No complications. Continue Losartan 100mg PO daily and Amlodipine 5mg PO daily. Addressed lifestyle modifications, low-sodium diet, and regular exercise. Follow up in 3 months for BP check and medication review. |
| **ICD-10 Code(s)** | I10 Essential (primary) Hypertension |
| **Rationale** | The clinician addressed the status of the hypertension as well controlled with no complications. A blood pressure was taken, medications reviewed, and lifestyle modifications discussed. |

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NOTE: This tool is intended to assist with documentation only and not intended to take the place of clinical analysis. Information regarding any law or regulation does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws or regulations. Reference Official ICD-10-CM coding guidelines and manuals or electronic medical coding software for accurate ICD-10-CM codes and specificity.

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