Trinity Health Mid-Atlantic | Quality Health Alliance

CIN PHYSICIAN NEWSLETTER
FOCUS on QUALITY and DOCUMENTATION

Clinical Documentation and Coding Corner

As of January 1, 2025, CMS has completed the full transition of the Hierarchical Condition Categories (HCC) model from Version 24 to Version 28. HCCs are part of **risk adjustment** models CMS uses to estimate future healthcare costs for patients who have chronic medical conditions, which must be diagnosed and captured yearly. The diagnosis codes in the CMS-HCC model reflect the patient's acuity. Accurate and specific diagnosing of patient conditions is vital to the Risk Adjustment payment methodology.

Defining key terms:

- **Risk Adjustment:** A way to calculate what to pay a health provider based on a patient's health, their likely use of health care services and the costs of those services.
- **Risk Score:** A number representing the predicted cost of treating a specific patient or group of patients compared to the average Medicare patient, based on certain chracteristics and health conditions.

A Focus on Heart Failure

Identifying high risk patients with heart failure: How do you know if you are capturing your patients' risk? Be Specific. Documenting Heart Failure HCC 150

When documenting heart failure, specify:

- **What type(s):** Left ventricular failure, diastolic heart failure, right heart failure, congestive heart failure, hypertension with chronic heart failure, etc.
- **What is the severity?** Acute, chronic, acute-on-chronic, cardiac arrest
- **Are there comorbidities/complication factors?** HTN, CKD, ESRD
- **Laterality:** Right heart failure, left ventricular failure, etc.
- **Cause:** Smoking, poor diet, lack of physical activity, heavy alcohol use, radiation or chemotherapy
- **Treatment:** Medications, post heart transplant, etc.

HEART FAILURE	
Acuity	Acute, Chronic, Acute on Chronic
Type	Diastolic, Systolic, Combined systolic and diastolic
Due to or associated with	Cardiac or other surgery, Hypertension, Valvular disease, Rheumatic heart disease (Endocarditis, Pericarditis, Myocarditis), Other
I50.1	Left Ventricular Failure
I50.21	Acute Systolic CHF
I50.22	Chronic Systolic CHF
I50.23	Acute on Chronic Systolic CHF
I50.31	Acute Diastolic CHF
I50.32	Chronic Diastolic CHF
I50.33	Acute on Chronic Diastolic CHF
I50.41	Acute combined Systolic and Diastolic CHF
I50.42	Chronic combined Systolic and Diastolic CHF
I50.43	Acute on Chronic combined Systolic and Diastolic heart failure

Chronic conditions MUST be addressed annually

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Importance of Medication Adherence

Medication adherence is calculated from prescription claim information. This information is used to calculate the percentage of days covered, with the goal of being as close to 100% for the year as possible. The goal of increasing access and adherence being a reduction in complications associated with the diseases the medications are used to treat and prevent. Bottom line: Patients must fill and continue to fill these medications through their prescription insurance to meet these measures.

There are 3 Medication Adherence measures:

1. Medication Adherence for Hypertension (RAS antagonists)
2. Medication Adherence for Diabetes Medications
3. Medication Adherence for Cholesterol (Statins)

Patients must continue to fill these medications to be adherent

There are 2 measures to reduce cardiovascular risk are:

1. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (SPC)
2. Statin Use in Persons with Diabetes (SUPD)

Patients must fill these medications once a year to be adherent

References

CDC: CDC Grand Rounds: Improving Medication Adherence for Chronic Disease Management — Innovations and Opportunities | MMWR

NIH: Initial phase of chronic medication use; patients' reasons for discontinuation - PubMed

NIH: Medication Adherence: A Call for Action - PMC

AMA: 8 reasons patients don't take their medications | American Medical Association

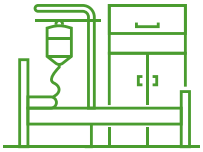
NIH: Medication Adherence: Helping Patients Take Their Medicines As Directed - PMC

DID YOU KNOW?

More than 1 in 5 new prescriptions go **unfulfilled**

50% of people taking chronic medication **stop taking** it in the first year

At least **125,000** Americans die annually due to poor medication adherence



Half of patients **DO NOT TAKE** their medications as prescribed

Poor medication adherence costs the U.S. **100 BILLION PER YEAR IN HOSPITAL ADMISSIONS**

Statin Intolerance

True statin intolerance (with or without rechallenge), can be documented by a provider at any office visit. Below are some examples of codes that may be used if a patient cannot clinically be on a statin:

- **G72.0** – drug-induced myopathy (most-common)
- **G72.9** – myopathy, unspecified
- **M60.9** – myositis, unspecified
- **M62.82** – rhabdomyolysis
- Other exclusions are specific codes for cirrhosis, pre-diabetes, PCOS, hospice, or ESRD (Stage 5)

To exclude patients for statin intolerance these codes must be documented and billed annually

References

A Primary Care Practice's Guide to Quality Improvement – Clinical Quality Measures. Independence Blue Cross. 2024

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)		**ONE FILL** of a statin medication
STATIN USE IN PERSONS WITH DIABETES (SUPD)		**ONE FILL** of a statin medication
MEDICATION ADHERENCE FOR DIABETES MEDICATIONS		**CONTINUE TO REFILL** prescription for diabetes medication: e.g metformin, semaglutide (Ozempic), dapagliflozin (Farxiga)
MEDICATION ADHERENCE FOR CHOLESTEROL (STATINS)		**CONTINUE TO REFILL** prescription for cholesterol medication e.g atorvastatin, simvastatin, pravastatin
MEDICATION ADHERENCE FOR HYPERTENSION (RAS ANTAGONISTS)		**CONTINUE TO REFILL** prescription for hypertensive medication: e.g lisinopril, ramipril, losartan, valsartan

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