OPTUM®

Chronic conditions need a yearly evaluation

Medicare Advantage

The importance of specific documentation and coding

Specific documentation and coding clearly depict the level of disease severity, comorbidities, underlying disease and other factors that contribute to the level of complexity for the patient encounter.

Per the ICD-10-CM official guidelines for coding and reporting:
"Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care, treatment or management."

Payment from Centers for Medicare & Medicaid Services (CMS) is based on the overall health status of the Medicare Advantage member. Diagnosis codes are some of the criteria used for determining severity of illness, risk and resource utilization. Diagnostic coding influences the "level of risk" in determining CPT® code assignment.[1]

All conditions that affect the composite picture of the patient's health status need to be recorded at least once per year.

Condition(s) to consider	ICD-10-CM code(s) and descriptors		HCC
Does the patient have HIV status?	• **Z21**	Asymptomatic human immunodeficiency virus [HIV] infection status	1
Does the patient have chronic hepatitis?	• **B18.-**	Chronic viral hepatitis (includes carrier of viral hepatitis)	29
Does the patient have Crohn's disease?	• **K50.-**	Crohn's disease	33, 35
Is the patient experiencing bruising or do they have senile purpura?	• **D69.2** • T14.8-	Other nonthrombocytopenic purpura (senile purpura) Other injury of unspecified body region (contusion NOS)	48
Is the patient paraplegic or quadriplegic?	• **G82.5-** • **G82.2-**	Quadriplegia Paraplegia	70 71
Does the patient have rheumatoid arthritis?	• **M05.-** • **M06.-**	Rheumatoid arthritis with rheumatoid factor Other rheumatoid arthritis	75
Does the patient have tremors or Parkinson's disease?	• R25.1 • **G20**	Tremor, unspecified Parkinson's disease	78
Does the patient have convulsions or epilepsy?	• **R56.9** • **G40.9-**	Unspecified convulsions (recurrent convulsions; seizure(s) [convulsions]) Epilepsy unspecified (seizure disorder NOS)	79
Does the patient have angina or coronary artery disease (CAD) with angina?	• **I20.-** • **I25.119**	Angina pectoris Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris (CAD with angina)	87, 88
Does the patient have atrial fibrillation or arrhythmia?	• **I48.91** • I49.9	Unspecified atrial fibrillation Cardiac arrhythmia, unspecified	96
Does the patient have a major organ or tissue transplant (for example, heart, lung, liver, bone marrow, stem cells, pancreas, intestines)?	• **Z94.1** – **Z94.4** • **Z94.81** – **Z94.84**	Transplanted organ and tissue status	186
Does the patient have an artificial opening (for example, tracheostomy, ileostomy, colostomy, cystostomy)?	• **Z93.-**	Artificial opening status	82, 188
Is the patient a lower limb amputee?	• **Z89.4-** – **Z89.51-, Z89.61-**	Acquired absence of toe(s), foot, ankle and leg	189
Is the patient experiencing phantom limb syndrome?	• **G54.6** • **G54.7**	Phantom limb syndrome with pain Phantom limb syndrome without pain	189

- continued on other side -

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2020: "A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2020.

Optum360 ICD-10-CM: Professional for Physicians 2020. Salt Lake City, UT: 2019.
1. American Medical Association. Current Procedural Terminology Professional. 2020. Chicago, IL: AMA; 2019.

OPTUM®
optum.com

11000 Optum Circle, Eden Prairie, MN 55344