

INSIDER

Educational and program information for providers

April 2021

For Optum in-office assessment program announcements, see page 2.

FOCUS ON: Endocrine and metabolic disorders

Medicare Advantage	Prevalent conditions that fall into this category are: hyperparathyroidism, secondary hyperparathyroidism of renal origin, diabetes insipidus, disorder of pituitary gland and Cushing's syndrome.
HCC 23: Other significant endocrine and metabolic disorders	
Affordable Care Act	
HCC 26, 27, 28, 29, 30: Other significant endocrine and metabolic disorders	
Medicare Advantage	Prevalent conditions that fall into this category are: diabetes mellitus (DM) with ketoacidosis, DM w/ CKD, DM w/ neuropathy, DM w/ nephropathy, DM w/ hypoglycemia, DM w/ hyperglycemia, DM w/ proliferative retinopathy, DM w/ foot ulcer, DM w/ peripheral angiopathy, diabetes without complications and long-term use of insulin (type 2 only).
HCC 17, 18, 19: Diabetes with and without complications	
Affordable Care Act	
HCC 19, 20, 21: Diabetes with and without complications	
Medicare Advantage	Prevalent conditions that fall into this category are: inflammatory polyneuropathy, radiation-induced polyneuropathy, rheumatoid polyneuropathy, toxic myoneural disorders, MG, GBD, Lambert-Eaton syndrome and alcoholic polyneuropathy.
HCC 75: Myasthenia gravis (MG), Guillain-Barré syndrome (GBS), myoneural disorders, inflammatory or toxic neuropathy	
Affordable Care Act	
HCC 115: MG, GBS, myoneural disorders, inflammatory or toxic neuropathy	
Medicare Advantage	Prevalent conditions that fall into this category are: phantom limb syndrome, acquired absence of foot, below knee amputation (BKA) and acquired absence (amputation status) of toe(s).
HCC 189: Amputation status, lower limb/amputation complication	
Affordable Care Act	
HCC 254: Amputation status, lower limb/amputation complication	

The conditions listed in the table above do not represent an inclusive list. Please check the CMS and HHS mappings for a complete list of conditions.

CMS requires submission of risk-adjusting diagnosis codes within the reporting period each calendar year based on what is documented in the medical record.

Documentation should be clear, concise and legible. All conditions that coexist at the time of the encounter/visit, and require or affect patient care, treatment and/or management, should be documented.

When documenting **related to endocrine and metabolic disorders**, specify:

- **Type(s)** if known: type 1 diabetes, type 2 diabetes, serum neuropathy, multifocal neuropathy
- **Severity:** With or without acute exacerbation
- **Location/laterality:** Such as right great toe amputation, below knee amputation (BKA), etc.
- **Control status:** "DM controlled;" if "inadequately controlled," "out of control" or "poorly controlled" (diabetes, by type, with hyperglycemia); if "DM uncontrolled," specify as hyperglycemic or hypoglycemic
- **Cause:** Due to toxic agents, alcoholic, radiation- or drug-induced, etc.

HEDIS measures

Comprehensive Diabetes Care (CDC): Diabetic Eye Exam	Medical record documentation meeting any of the following criteria: <ul style="list-style-type: none"> • Screening results by an acceptable provider or the consultation report • Documentation of a negative retinal • <u>Or:</u> Dilated exam (negative for retinopathy) in the prior year by an eye care professional meets the requirement for this screening
<i>Note: There are three components of the CDC measure (see below)</i>	
CDC: Kidney Disease Monitoring	Medical record documentation meeting any of the following criteria performed during the current calendar year: <ul style="list-style-type: none"> • A urine test for albumin or protein, including date and results or findings • Evidence of a visit to a nephrologist • Renal transplant • Medical attention to a renal-related condition • Evidence of ACE inhibitor/ARB therapy
CDC: Blood Sugar Controlled	<ul style="list-style-type: none"> • Medical record documentation including the most recent HbA1c test performed during the current calendar year with the HbA1c level $\leq 9.0\%$ • Lab reports are an acceptable type of documentation

Documentation considerations may be specific to Optum programs such as the Comprehensive Gap Assessment Program (CGAP). Refer to the National Committee for Quality Assurance (NCQA) for a complete listing of documentation requirements.

For information on CGAP documentation verification requirements, please click [here](#).

For additional HEDIS documentation requirement information, please refer to our [Closing Gaps in Quality Measures](#) toolbook.

For additional information as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at [ncqa.org](https://www.ncqa.org).

For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to [go.cms.gov/partcandstarratings](https://www.cms.gov/partcandstarratings).

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