

FOCUS ON: Vascular disease and coagulation defects

Medicare Advantage	Prevalent conditions that fall into this category are: Angiopathy and atherosclerosis with gangrene, angiopathy and atherosclerosis with ulceration, Raynaud's syndrome with gangrene, diabetes due to underlying peripheral angiopathy with gangrene
HCC 106: Atherosclerosis of the extremities with ulceration or gangrene	
Affordable Care Act	Prevalent conditions that fall into this category are: Pulmonary embolisms and thrombosis, ruptured aneurysms, arterial dissection, varicose veins with ulcer, postthrombotic syndrome, chronic venous hypertension, intestinal ischemia and infarction, and necrotizing enterocolitis
HCC 153: Atherosclerosis of the extremities with ulceration or gangrene	
Medicare Advantage	Prevalent conditions that fall into this category are: Peripheral angiopathy (without gangrene), diabetes due to underlying peripheral angiopathy without gangrene, atherosclerosis of extremities, aneurysm of extremities and precerebral arteries, phlebitis and thrombophlebitis, acute embolism and thrombosis, and chronic embolism and thrombosis, arteriovenous fistula
HCC 107: Vascular disease with complications	
Affordable Care Act	Prevalent conditions that fall into this category are: Myelodysplastic disease, polycythemia vera, anemia, thalassemia, sickle cell trait, hemophilia, Von Willebrand's disease, purpura, thrombocytopenic purpura, chronic myeloproliferative disease, thrombocytopenia, neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, post-transplant lymphoproliferative disorder, Castleman disease, hereditary spherocytosis and elliptocytosis, other hemoglobinopathies, defibrination syndrome, other coagulation defects
HCC 154, 156: Vascular disease with complications, pulmonary embolism and deep vein thrombosis	
Medicare Advantage	Prevalent conditions that fall into this category are: Myelodysplastic disease, polycythemia vera, anemia, thalassemia, sickle cell trait, hemophilia, Von Willebrand's disease, purpura, thrombocytopenic purpura, chronic myeloproliferative disease, thrombocytopenia, neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, post-transplant lymphoproliferative disorder, Castleman disease, hereditary spherocytosis and elliptocytosis, other hemoglobinopathies, defibrination syndrome, other coagulation defects
HCC 108: Vascular disease without complications	
Medicare Advantage	Prevalent conditions that fall into this category are: Myelodysplastic disease, polycythemia vera, anemia, thalassemia, sickle cell trait, hemophilia, Von Willebrand's disease, purpura, thrombocytopenic purpura, chronic myeloproliferative disease, thrombocytopenia, neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, post-transplant lymphoproliferative disorder, Castleman disease, hereditary spherocytosis and elliptocytosis, other hemoglobinopathies, defibrination syndrome, other coagulation defects
HCC 48: Coagulation defects and other specified hematological disorders	
Affordable Care Act	Prevalent conditions that fall into this category are: Myelodysplastic disease, polycythemia vera, anemia, thalassemia, sickle cell trait, hemophilia, Von Willebrand's disease, purpura, thrombocytopenic purpura, chronic myeloproliferative disease, thrombocytopenia, neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, post-transplant lymphoproliferative disorder, Castleman disease, hereditary spherocytosis and elliptocytosis, other hemoglobinopathies, defibrination syndrome, other coagulation defects
HCC 66, 67, 68, 69, 70, 71: Coagulation defects and hematologic disorders	

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. HCC information is provided for educational purposes on the differences between the CMS and HHS models and is not intended to affect provider care.

CMS requires submission of all 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 conditions of **vascular disease and coagulation defects**, specify (if applicable):

- **Location:** Specific artery or vein; for ulcers identify anatomical site
- **Laterality:** Right, left, bilateral
- **Severity (or stage) of ulcer:** Limited to breakdown of skin, fat layer exposed, etc.
- **Manifestations and progression of disease:** Intermittent claudication, rest pain, ulcer, etc.
- **Comorbidities or complicating factors:** Diabetes, hypertension, renal insufficiency, obesity, hyperlipidemia, smoking

HEDIS measures

Kidney health evaluation for patients with diabetes (KED)

Members who received **both** of the following during the measurement year on the same or different dates of service:

- At least one eGFR (estimated glomerular filtration rate).
- At least one uACR (urine albumin-creatinine ratio) identified by either of the following:
 - Both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart.
 - A uACR

(See the NCQA specs for complete information.)

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 toolbox](#).

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).

Optum in-office assessment program updates and reminders

Thank you for your participation in the Optum in-office assessment program. This program is designed to assist you in conducting a comprehensive annual exam and potentially help you detect chronic conditions, at times before your patients have symptoms. We encourage you to schedule a comprehensive annual exam for each patient's next office visit. Please allow enough time to assess all gaps in care and screenings identified on your assessments.

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.

This section is intended to notify you of in-office assessment program updates and reminders for our health plans' Medicare Advantage (MA), Medicaid Managed Care Plan (MCAID) and Affordable Care Act (ACA) members and to inform you of trainings that you and your team may leverage to support program success. Disclaimer: The information provided below is not specific to any one group or health plan; the terms below may vary from health plan to health plan. If you would like to understand what terms apply to what health plan, would like a reference to the full program requirements and/or have any further questions, please contact your Optum representative, or contact the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday–Friday.

2021 program reimbursement inactivation

Final notice: The 2021 program year Missing Account Setup Form (MASF) inactivation deadline is approaching. Optum sent letters to affected groups at the end of July 2022. **Any 2021 assessments remaining on the MASF by September 30, 2022 will be inactivated and therefore no longer eligible to receive reimbursement.** If you believe you need to take action in order to release your group's 2021 reimbursements, please contact your Optum representative or the Optum Provider Support Center.

Materials available on Optum Risk and Quality Data and Reports platform

Many popular program, coding and education materials are now available to you directly on the Optum Risk and Quality Data and Reports platform, www.conduit.optum.com. Once you sign in with your Optum ID, materials can be found at the top right corner under "Resource Library." Please note, the default setting is to show 10 materials per page. You can change this setting or scroll through the pages to find the material(s) you are looking for. If you have any questions, please contact your Optum representative.



Training opportunities

Optum offers a variety of documentation and coding courses for Medicare Advantage (MA) and the Affordable Care Act (ACA). Classes are available with continuing education unit (CEU) and/or continuing medical education (CME) credits.

- [On-demand sessions for Medicare Advantage](#)
- Regional trainings: Please speak with your Optum representative for a schedule of virtual trainings within your region pertaining to documentation considerations.

If you are not sure who your Optum representative is, please contact the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday–Friday.



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This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. This presentation supplies general information regarding HEDIS and the Five-Star Quality Rating System, but NCQA administers HEDIS and CMS administers the Five-Star Quality Rating System, and you should consult the NCQA and CMS websites for further information. Lastly, on April 4, 2022, the Centers for Medicare & Medicaid Services (CMS) announced that 2022 dates of service for the 2023 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. [cms.gov/files/document/2023-announcement.pdf](https://www.cms.gov/files/document/2023-announcement.pdf).

For the Affordable Care Act (ACA): The Department of Health & Human Services Hierarchical Condition Category (HHS-HCC) model applies in the health exchange risk adjustment program under the Affordable Care Act. This model differs significantly from the CMS-HCC model, which applies in the Medicare Advantage risk adjustment program. For more information, please visit: [cms.gov/cio/Resources/Regulations-and-Guidance/index.html#Premium%20Stabilization%20Programs](https://www.cms.gov/cio/Resources/Regulations-and-Guidance/index.html#Premium%20Stabilization%20Programs). HHS also issues an annual notice of benefit and payment parameters, which may contain additional guidance on risk adjustment coding and other related issues under the Affordable Care Act.

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Did you know?

Your Optum representative or the Provider Support Center can provide access to several tools to assist you in completing the program, as well as tracking your results in the program. If you have questions, please contact your Optum representative or the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday through Friday, or via email at providersupport@optum.com.

To minimize errors or to correct previously rejected assessments, please refer to the [Checklist and FAQ for providers](#).

Remember:

Assessments must be submitted via:

- **In-office assessment delivered as PDF:**
 - **Optum Uploader:** please visit optumupload.com.
 - **Secure fax:** 1-972-729-6103
 - **Traceable carrier:** (any commercial carrier with traceable delivery) to the following address:
Optum Prospective Programs Processing
2222 W. Dunlap Ave.
Phoenix, AZ 85021
- **Optum electronic portal/modality**

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The following references were used to create the content of this document: *Optum360 ICD-10-CM: Professional for Physicians 2022*. Salt Lake City, UT: 2021