![Optum logo]

INSIDER

Educational and program information for providers

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

November 2022

FOCUS ON: Alcohol and substance related disorders

| Medicare Advantage | Prevalent conditions that fall into this category are: alcohol, opioid, cannabis, sedative, cocaine, other stimulant, hallucinogen, inhalant, other psychoactive and poisoning by (opium/opioids, heroin, fentanyl, tramadol, synthetic/other narcotics, methadone, cocaine, lysergide, psychedelics/other psychostimulants, caffeine, amphetamines, methyphenidate, ecstasy, toxic effect of ethanol) initial encounter; use, abuse, dependence or unspecified; with or without complications, intoxication, withdrawal, mood, anxiety, sexual dysfunction, sleep disorders, delusions, hallucinations, amnesia, dementia, delirium or perceptual disturbance; uncomplicated or in remission.

Unique to ACA are: newborn affected by maternal antineoplastic chemotherapy, cocaine, cytotoxics, anticonvulsants, opiates, antidepressants, amphetamines, sedativehypnotics, anxiolytics and other specified and unspecified drugs and environmental chemical exposure. |
|---|---|
| HCC 54: Substance use with psychotic complications
HCC 55: Substance use disorder, moderate/severe, or substance use with complications
HCC 56: Substance use disorder, mild, except alcohol and cannabis | |
| **Affordable Care Act** | |
| HCC 81: Drug psychosis
HCC 82: Drug dependence | |

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 related to **alcohol and substance related disorders**, specify (if applicable):

- Severity: Document alcohol and substance related disorders as "abuse," "use" or "dependence" in addition to the substance such as alcohol, opioids, cannabis, cocaine, other stimulants, etc.[1] When documenting substance use disorder, assign a diagnosis code based on the patient's current use severity.
  - Mild: presence of 2–3 symptoms (abuse)
  - Moderate: presence of 4–5 symptoms (dependence)
  - Severe: presence of 6 or more symptoms (dependence)
  To support dependence (use: moderate/severe), document maladaptive behavior exhibited, such as escalating use or drug seeking behavior, and also document action being taken regarding management of the dependence. If the dependence is related to a prescribed medication, and the only symptoms are tolerance and withdrawal, the criterion is not considered to be met to term a patient "drug dependent."[2]
- Complications: Document any complications of substance use such as psychoactive, organ dysfunction, adverse affects, pathological changes, comorbidities, sequelae, etc. and any other life-changing complications and/or social determinants.
- Counseling: Document substance use counseling and surveillance (e.g., behavior change due to substance use).
- Remission status: Document "in remission" status — relative to mild, moderate or severe dependence.

Social determinants of health

ICD-10-CM	Description
Z59.0-	Homelessness (sheltered, unsheltered, unspecified)
Z59.1	Inadequate housing (lack of heating, restriction of space, technical defects in home preventing adequate care, unsatisfactory surroundings)
Z59.2	Discord with neighbors, lodgers and landlord
Z59.5	Extreme poverty
Z59.9	Problems related to housing and economic circumstances, unspecified
Z60.2	Problems related to living alone
Z60.3	Acculturation difficulty (problem with migration or social transplant not based on mental disorder)
Z60.4	Social exclusion and rejection
Z60.8	Other problems related to social environment
Z60.9	Problem related to social environment, unspecified
Z63.0	Problems in relationship with spouse or partner
Z63.72	Alcoholism and drug addiction in family
Z63.79	Other stressful life events affecting family and household
Z65.9	Problem related to unspecified psychosocial circumstances
Z72.0	Tobacco use
Z72.4	Inappropriate diet and eating habits
Z72.89	Other problems related to lifestyle (self-damaging behavior)

Please note this is only a partial listing of social determinants of health.

Social determinants of health (SDOH) such as housing, food security and transportation can have an immense impact on the physical and mental health of patients. It is vital that these determinants are accurately documented and coded, when applicable, to assist in identifying patients who may qualify for needed resources through their health plan and/or local community.

Please note that these codes are for supplemental reporting purposes and should not be used as primary diagnosis codes.

For additional information on SDOH, please click here.

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.

2022 program performance update

November is a great time to review available reports to assess your group's performance. The Provider Scorecard is a great tool to help track your group's program performance at an aggregate level. Items presented on the scorecard include:

- Year-over-year membership
- Risk score for your group
- Percentage of HCCs captured
- Diagnosis prevalence percentages

Please contact your Optum representative or the Provider Support Center to review and discuss your group's scorecard in depth.

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.

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**

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

The following references were used to create the content of this document:

1. *Optum360 ICD-10-CM: Professional for Physicians 2022.* Salt Lake City, UT: 2021.

2. APA. *Diagnostic and Statistical Manual of Mental Disorders.* 5th ed. Arlington, VA: American Psychiatric Association; 2013.

OPTUM®

11000 Optum Circle, Eden Prairie, MN 55344