

### Focus on: Conditions of the heart

### February is American Heart Month

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|--|---|
| <p><b>Medicare Advantage</b></p> <ul style="list-style-type: none"> <li>• <b>HCC 85:</b> Congestive heart failure</li> <li>• <b>HCC 88:</b> Angina pectoris</li> <li>• <b>HCC 87:</b> Unstable angina and other acute ischemic heart diseases</li> <li>• <b>HCC 84, 96:</b> Specified heart arrhythmias</li> </ul> | <p><b>Congestive heart failure</b></p> <ul style="list-style-type: none"> <li>• Prevalent conditions that fall into this category are: Heart failure, hypertensive disease with heart failure, hypertensive heart and Chronic Kidney Disease (with specified stage of CKD), pulmonary hypertension, myocarditis, right heart failure</li> </ul> <p><b>Angina pectoris</b></p> <ul style="list-style-type: none"> <li>• Prevalent conditions that fall into this category are: Angina pectoris, atherosclerotic heart disease of native coronary artery with unspecified angina pectoris, angina pectoris with documented spasm</li> </ul>             |
| <p><b>Affordable Care Act</b></p> <ul style="list-style-type: none"> <li>• <b>HCC 130:</b> Congestive heart failure</li> <li>• <b>HCC 132:</b> Unstable angina and other acute ischemic heart diseases</li> <li>• <b>HCC 142:</b> Specified heart arrhythmias</li> </ul>   | <p><b>Unstable angina and other acute ischemic heart disease</b></p> <ul style="list-style-type: none"> <li>• Prevalent conditions that fall into this category are: Unstable angina, postinfarction angina, acute ischemic heart disease, atherosclerosis of other coronary bypass graft with unstable angina pectoris</li> </ul> <p><b>Specified heart arrhythmias</b></p> <ul style="list-style-type: none"> <li>• Prevalent conditions that fall into this category are: Atrial fibrillation, ventricular fibrillation, sick sinus syndrome, atrial flutter, ventricular flutter, chronic atrial fibrillation, ventricular tachycardia</li> </ul> |

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.

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 conditions of the heart, specify:

- **Type(s) if known:** For example, “left ventricular failure,” “diastolic heart failure,” “right heart failure,” “congestive heart failure,” “hypertension with chronic heart failure,” etc.
- **Severity:** For example, “acute,” “chronic,” “acute-on-chronic,” “cardiac arrest”
- **Comorbidities/complication factors:** For example, “chronic kidney disease, stage 4,” “diabetes,” “atrial fibrillation,” “COPD,” etc.
- **Laterality:** For example, “right heart failure,” “left ventricular failure,” etc.
- **Cause:** For example, “status post heart transplant”

## HEDIS measures

| Measure   | Description  |
|---|--|
| Controlling high blood pressure (CBP)                         | <ul style="list-style-type: none"><li>• Documentation should include a BP reading that occurs on or after the date of the second diagnosis of hypertension.</li><li>• Documentation should include hypertension diagnosis, if applicable, and the BP reading with specified date and result.</li></ul> |
| Statin therapy for patients with cardiovascular disease (CVD) | <ul style="list-style-type: none"><li>• Documentation should include prescriptions the patient is taking. Please note that medications received at the VA hospital or through cash discount programs where insurance is not billed are excluded from capturing this pharmacy data.</li></ul>           |

Documentation considerations may be specific to Optum programs and health plans. Refer to the National Committee for Quality Assurance (NCQA) for a complete listing of documentation requirements.

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](http://ncqa.org).

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

## Training opportunities

Optum offers a variety of documentation and coding courses for Medicare Advantage (MA) and the Affordable Care Act (ACA). Some sessions offer continuing education units (CEUs) and can be used for continuing medical education (CME) credits, depending on your credentialing organization.

**National trainings:** Please speak with your Optum representative for a schedule of virtual trainings on documenting and coding prevalent chronic conditions.

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.

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

1. Optum360 ICD-10-CM: Professional for Physicians 2023. Salt Lake City, UT: 2022.

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/ccio/Regulations-and-Guidance/index.html#Premium%20Stabilization%20Programs](https://www.cms.gov/ccio/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.

For more information on Optum and the products and services we offer, contact us at 1-877-751-9207 or email [providersupport@optum.com](mailto:providersupport@optum.com). If you have questions or wish to be removed from this email, please contact your Optum representative.



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