



Insider

Documentation and coding
information for providers

May 2023

Focus on: Arthritis (rheumatoid, osteo and psoriatic)

May is Arthritis Awareness Month

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| Medicare Advantage* | Prevalent conditions that fall into this category are: Arthropathic psoriasis, Reiter’s disease, autoinflammatory syndrome, Felty’s syndrome, inflammatory polyarthropathy, polymyalgia rheumatica, inflammatory spondylopathy, rheumatoid lung disease with rheumatoid arthritis, rheumatoid heart disease with rheumatoid arthritis, rheumatoid polyneuropathy with rheumatoid arthritis, rheumatoid arthritis, juvenile rheumatoid arthritis and rheumatoid bursitis |
| <ul style="list-style-type: none">• HCC 40 (93,94): Rheumatoid arthritis and inflammatory connective tissue disease | |
| Affordable Care Act* | Unique to the Affordable Care Act: Post meningococcal arthritis, arthritis due to Lyme disease, staphylococcal arthritis, arthritis due to other bacteria, osteomyelitis and osteonecrosis |
| <ul style="list-style-type: none">• HCC 55: Bone/joint/muscle infections/necrosis• HCC 56: Rheumatoid arthritis and specified autoimmune disorders• HCC 57: Systemic lupus erythematosus and other autoimmune 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 patient care. CMS requires submission of all diagnosis codes within the reporting period each calendar year based on what is documented in the medical record.

The hierarchal condition categories listed above in parentheses are the new HCCs in the 2024 CMS-HCC model. The 2020 model and the 2024 model are blended 67%/33%, respectively, for PY 2024, and 33%/67%, respectively, for 2025. Please see the [2024 Announcement](#) for details.

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.¹

When documenting conditions related to **arthritis**, specify (if applicable):

- **Type:** Rheumatoid (juvenile, seronegative, seropositive [presence of rheumatoid factor]), degenerative, osteo, inflammatory, psoriatic, etc.
- **Location/joints affected:** Wrist, hand, elbow, shoulder, knee, hip, vertebrae, ankle, foot, multiple sites, etc.
- **Laterality:** Right, left, bilateral
- **Systemic involvement:** Carditis, lung involvement, myopathy, polyneuropathy, splenadenomegaly, leukopenia, vasculitis, visceral involvement, etc.

Psoriatic arthritis

| ICD-10-CM code | Description |
|----------------|--|
| L40.50 | Arthropathic psoriasis, unspecified |
| L40.51 | Distal interphalangeal psoriatic arthropathy |
| L40.52 | Psoriatic arthritis mutilans |
| L40.53 | Psoriatic spondylitis |
| L40.54 | Psoriatic juvenile arthropathy |
| L40.59 | Other psoriatic arthropathy |

Rheumatoid arthritis

| ICD-10-CM code | Description |
|----------------|--|
| M05.0- | Felty's syndrome |
| M05.1- | Rheumatoid lung disease and rheumatoid arthritis |
| M05.2- | Rheumatoid vasculitis with rheumatoid arthritis |
| M05.3- | Rheumatoid heart disease with rheumatoid arthritis |
| M05.4- | Rheumatoid myopathy with rheumatoid arthritis |
| M05.5- | Rheumatoid polyneuropathy with rheumatoid arthritis |
| M05.6- | Rheumatoid arthritis with involvement of other organs and systems |
| M05.7- | Rheumatoid arthritis with rheumatoid factor without organ or systems involvement |
| M05.8- | Other rheumatoid arthritis with rheumatoid factor |
| M05.9 | Rheumatoid arthritis with rheumatoid factor unspecified |
| M06.0- | Rheumatoid arthritis without rheumatoid factor |
| M06.1 | Adult-onset Still's disease |
| M06.2- | Rheumatoid bursitis |
| M06.3- | Rheumatoid nodule |
| M06.4 | Inflammatory polyarthropathy |
| M06.8- | Other specified rheumatoid arthritis |
| M06.9 | Rheumatoid arthritis, unspecified |

HEDIS measure

Osteoporosis management in women who had a fracture (OMW): Medical record with result of bone mineral density (BMD) test or documentation of the prescription to treat osteoporosis that was given to the patient within 180 days (6 months) of a fracture for females from 67–85 years of age. HEDIS compliance stipulates that the prescription be dispensed.

Documented exclusions: BMD within past 24 months or osteoporosis therapy within past 12 months. Fractures of the finger, toe, face and skull are not included in this measure.

Osteoporosis screening in older women (OSW): Documentation of acceptable osteoporosis screening test for females from 65–75 years of age.

- Ultrasound bone density measurement, peripheral sites(s) (76977)
- Computed tomography, BMD study, one or more sites, axial skeleton (77078)
- Dual-energy X-ray absorptiometry (DXA), BMD, one or more sites, axial skeleton (77080)
- DXA, BMD, one or more sites, appendicular skeleton (77081)
- DXA, BMD, one or more sites, axial skeleton, including vertebral fracture assessment (77085)

For additional information on rheumatoid arthritis, please refer to our [Documentation and coding tips: Rheumatoid arthritis](#).

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).

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

1. [The Centers for Medicare and Medicaid Services. ICD-10-CM Official Guidelines for Coding and Reporting.](#)

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2023: "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 2024, using both the 2020 model and the 2024 model, which is currently a blended model.

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 March 31, 2023, the Centers for Medicare & Medicaid Services (CMS) announced that 2023 dates of service for the 2024 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. [cms.gov/files/document/2024-announcement.pdf](https://www.cms.gov/files/document/2024-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: <https://www.cms.gov/cciio/resources/regulations-and-guidance#Premium-Stabilization-Programs>. 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. If you have questions or wish to be removed from this email, please contact your Optum representative.



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