Optum

# Insider

**Documentation and coding information for providers**

**June 2023**

## Focus on: Chronic obstructive pulmonary disease (COPD)

| Medicare Advantage* | Prevalent conditions that fall into these categories are: Simple chronic bronchitis (mucopurulent or unspecified); emphysema (panlobular, centrilobular, interstitial, compensatory, other or unspecified); COPD with infection, an acute exacerbation or unspecified; bronchiectasis; pneumoconiosis; pneumonitis; pulmonary edema; respiratory conditions due to chemicals, gases, fumes and vapors; other conditions with respiratory involvement.<br><br>**Added in the 2024 model:** Severe persistent asthma (with acute exacerbation, status asthmaticus or uncomplicated).<br><br>**Unique to the Affordable Care Act:** Mild asthma (intermittent or persistent), moderate asthma (uncomplicated, with acute exacerbation or with status asthmaticus). |
|---|---|
| • **HCC 111 (280):** Chronic obstructive pulmonary disease (interstitial lung disorders and other chronic lung disorders)<br>• **HCC 279:** (new for the 2024 model) Severe persistent asthma | |
| **Affordable Care Act*** | |
| • **HCC 160:** COPD including bronchiectasis<br>• **HCC 160.1:** Severe asthma<br>• **HCC 160.2:** Asthma, except severe | |

*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 hierarchical 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 PY 2025. Please see the 2024 Announcement for details.

When documenting COPD, specify:

- **Type:** For example, asthma with COPD – also document the asthma by severity, frequency and level of exacerbation; chronic asthmatic (obstructive) bronchitis, chronic obstructive bronchitis, chronic bronchitis with emphysema and chronic obstructive tracheobronchitis
- **Severity:** Acute exacerbation, acute on chronic exacerbation or chronic respiratory failure
- **Comorbidities that can complicate COPD:** Such as (but not limited to) pulmonary artery disease, malnutrition, diabetes, cardiac disease, hypertension, heart failure, coronary artery disease (CAD) and lung cancer
- **Infection:** Any acute lower respiratory infection and the infectious agent, if known
- **Cause:** Identify any additional lung disease due to external agent and specify agent (for example, organic dust, chemical, gases, fumes, vapors, ventilation system, etc.)
- **Tobacco use/Exposure:** Any related tobacco use, abuse, dependence, past history or exposure (secondhand, occupational, etc.)

For additional information on chronic obstructive pulmonary disease, please refer to our Documentation and coding tips: Chronic obstructive pulmonary disease.

When documenting asthma, specify:

- **Severity:** Describe as mild, moderate or severe
- **Frequency:** List as intermittent or persistent
- **Level of exacerbation:** Identify as being uncomplicated, acute or status asthmaticus
- **Key terms:** For example, allergic bronchitis, allergic rhinitis with asthma, atopic asthma, extrinsic allergic asthma, intrinsic non-allergic asthma, exercise induced bronchospasm and cough-variant asthma
- **External agents:** Identify any external agents to establish a cause-and-effect relationship (for example detergent asthma, coal miner's asthma, asthma due to dusts, etc.)
- **Tobacco use/Exposure:** Any related tobacco use, abuse, dependence, past history or exposure (secondhand, occupational, etc.)

## COPD and asthma

| ICD-10-CM | Description |
|---|---|
| **J41.0** | Simple chronic bronchitis (smokers' cough) |
| **J43.-** | Emphysema (0=unilateral pulmonary, 1=panlobular, 2=centrilobular, 8=other, 9=unspecified) |
| **J44.0** | COPD with (acute) lower respiratory infection |
| **J44.1** | COPD with (acute) exacerbation |
| **J44.9** | COPD, unspecified |
| J45.2- | Mild intermittent asthma (0=uncomplicated, 1=acute exacerbation or 3=status asthmaticus) |
| J45.3- | Mild persistent asthma (0=uncomplicated, 1=acute exacerbation or 3=status asthmaticus) |
| J45.4- | Moderate persistent asthma (0=uncomplicated, 1=acute exacerbation or 3=status asthmaticus) |
| **J45.5-** | Severe persistent asthma (0=uncomplicated, 1=acute exacerbation or 3=status asthmaticus) |
| **J60** | Coalworker's pneumoconiosis |
| **J61** | Pneumoconiosis due to asbestos and other mineral fibers |
| **J62.-** | Pneumoconiosis due to dust containing silica (0=talc dust, 8=other dust containing silica) |
| **J63.-** | Pneumoconiosis due to other inorganic dusts |
| **J64** | Unspecified pneumoconiosis |
| **J65** | Pneumoconiosis associated with tuberculosis |
| **J66.-** | Airway disease due to specific organic dust |
| **J67.-** | Hypersensitivity pneumonitis due to organic dust |
| **J68.-** | Respiratory conditions due to inhalation of chemicals, gases, fumes and vapors |
| **J69.-** | Pneumonitis due to solids and liquids |
| **J96.-** | Respiratory failure, not elsewhere classified |
| Z99.81 | Dependence on supplemental (long-term) oxygen |

### HEDIS measure

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR):

- **Description:** Percentage of members ages 40 and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis
- **Best practices:**
  - Educate members on their medications including the importance of staying on the medication and proper dose, frequency and timing of the medication
  - Differentiate acute from chronic bronchitis
- **Exclusions:** Members in hospice, using hospice services or who dies during the measurement year

## 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.



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.

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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