

Focus on: Vascular disease

September is National Vascular Disease Awareness Month

Medicare Advantage*	<p>Prevalent conditions that fall into these categories are: Angiopathy and atherosclerosis with gangrene and/or ulceration, atherosclerosis of extremities; abdominal aortic aneurysm, aneurysm of extremities and precerebral arteries, acute embolism, chronic embolism; thoracic and abdominal ectasia; varicose veins; diabetic and other peripheral vascular disease, with or without gangrene; phantom limb syndrome with or without pain, acquired absence of lower limbs and other complications of amputation stump.</p> <p>Added in the 2024 model: Presence of artificial leg(s), complete or partial (right, left or bilateral).</p>
<ul style="list-style-type: none"> • HCC 106 (263): Atherosclerosis of the extremities with ulceration or gangrene • HCC 107 (264, 267, 383): Vascular disease with complications • HCC 108 (94, 264, 267): Vascular disease without complications • HCC 189 (409): Amputation status, lower limb and amputation complications 	
Affordable Care Act*	
<ul style="list-style-type: none"> • HCC 153: Atherosclerosis of the extremities with ulceration or gangrene • HCC 154: Vascular disease with complications • HCC 156: Pulmonary embolism and deep vein thrombosis • HCC 254: Amputation status, upper limb or lower limb 	

*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.

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 **vascular disease**, specify:

- **Type:** Arteriosclerotic/atherosclerotic, hypertensive, obliterative, occlusive, peripheral
- **Location:** Specific artery or vein
- **Laterality:** Right, left, bilateral
- **Severity (or stage):** Mild, moderate, severe (or stage)
- **Manifestations and progression of disease:** Intermittent claudication, rest pain, ulcer, etc.
- **Comorbidities or complicating factors:** Diabetes, hypertension, renal insufficiency, obesity, hyperlipidemia, smoking
- **Amputation/Prosthesis:** Amputation status or presence of artificial limb (prosthesis) specific to site and laterality

Vascular disease

ICD-10-CM	Description
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
G54.-	Phantom limb syndrome
I27.82	Chronic pulmonary embolism
I70.2-	Atherosclerosis of native arteries of the extremities
I71.-	Aortic aneurysm and dissection
I73.-	Other peripheral vascular diseases
I83.-	Varicose veins of lower extremities
Z89.4-	Acquired absence of toes(s), foot and ankle
Z89.5-	Acquired absence of leg below knee
Z89.6-	Acquired absence of leg above knee
Z97.1-	Presence of artificial limb (complete) (partial)

For additional information on vascular disease, please refer to our [Documentation and coding tips: Vascular disease](#).

HEDIS measures

Controlling high blood pressure (CBP):

- **Description:** Measures the percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.
- **Age:** Members 18–85 years as of December 31 of the measurement year.
- **Requirements for compliance:** This screening can be closed by using the appropriate CPT II codes on claims submission or by medical record review. Report the lowest systolic and the lowest diastolic values measured on the date of the encounter.
 - 3074F: Controlling blood pressure most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD)
 - 3075F: Controlling blood pressure most recent systolic blood pressure 130–139 mm Hg (DM) (HTN, CKD, CAD)
 - 3077F: Controlling blood pressure most recent systolic blood pressure greater than or equal to 140 mm Hg (DM) (HTN, CKD, CAD)
 - 3078F: Controlling blood pressure most recent diastolic blood pressure less than 80 mm Hg (DM) (HTN, CKD, CAD)
 - 3079F: Controlling blood pressure most recent diastolic blood pressure 80–89 mm Hg (DM) (HTN, CKD, CAD)
 - 3080F: Controlling blood pressure most recent diastolic blood pressure greater than or equal to 90 mm Hg (DM) (HTN, CKD, CAD)
- **What you need to include in medical record documentation:**
 - Date of service
 - BP reading at each visit. If multiple BP readings occur on a single date of service, use the lowest systolic/diastolic reading for reporting BP
 - Documentation and coding of exclusion, if applicable
 - Report the last BP reading of the measurement year

- **Exclusions:**

- Patients with ESRD (dialysis) or kidney transplant or non-acute inpatient admission during the measurement year.

- **Claims-only exclusions**

- Members 66 years of age and older who are enrolled in an Institutional SNP (I-SNP) or living long-term in an institution any time during the measurement year.
- Members 66–80 years of age as of December 31 of the measurement year with advanced illness and frailty.
- Members must meet the criteria for both advanced illness and frailty.
- Members in hospice, using hospice services or receiving palliative care any time during the measurement period.
- Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty.

Please see the Optum tools: [Advanced illness and frailty exclusions](#) and [Closing gaps in quality measures](#) for further details.

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.

* 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/ccio/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.



optum.com

Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2023 Optum, Inc. All rights reserved. • Revised 08/24/2023 • RQNS0781