

Focus on: Mental Health and Substance Use Disorders

<p>Medicare Advantage*</p> <ul style="list-style-type: none"> • HCC 54 (135, 136): Substance use with psychotic complications • HCC 55 (137, 139): Substance use disorder, moderate/severe, or substance use with complications • HCC 56 (138): Substance use disorder, mild, except alcohol and cannabis • HCC 59 (152, 154, 155): Major depressive, bipolar and paranoid disorders 	<p>Prevalent conditions that fall into these categories 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 (LSD), psychedelics/ other psychostimulants, caffeine, amphetamines, methylphenidate, 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, major depressive disorder, bipolar disorder and paranoid personality disorder.</p> <p>CMS HCC Model V28 includes: Codes for newborns affected by maternal antineoplastic chemotherapy, cocaine, cytotoxics, anticonvulsants, opiates, antidepressants, amphetamines, sedativehypnotics, anxiolytics and other specified and unspecified drugs.</p> <p>ACA model includes: Codes for newborns affected by maternal antineoplastic chemotherapy, cocaine, cytotoxics, anticonvulsants, opiates, antidepressants, amphetamines, sedativehypnotics, anxiolytics and other specified and unspecified drugs.</p>
<p>Affordable Care Act*</p> <ul style="list-style-type: none"> • HCC 81: Drug use with psychotic complications • HCC 82: Drug use disorder, moderate/severe, or drug use with non-psychotic complications • HCC 83: Alcohol use with psychotic complications • HCC 84: Alcohol use disorder, moderate/severe, or alcohol use with specified non-psychotic complications • HCC 88: Major depressive disorder, severe and bipolar 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 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 **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.”

- **Complications:** Document any complications of substance use such as psychoactive, organ dysfunction, adverse effects, 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.

When documenting conditions related to **mental health disorders**, specify (if applicable):

- **Episode:** Single or recurrent.
- **Severity:** Document mental health disorders and include severity.
 - **Mild:** Presence of 2–3 symptoms
 - **Moderate:** Presence of 4–5 symptoms
 - **Severe:** Presence of 6 or more symptoms

To support severity, document the symptoms that the patient has been experiencing for at least two weeks.

- **Symptoms:** Document the presence or absence of psychotic symptoms or features.
- **Remission status:** Document “in remission” status, such as partial or full.

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	Problem related to housing and economic circumstances, unspecified
Z60.2	Problems related to living alone
Z60.3	Problem with migration or social transplantation

ICD-10-CM	Description
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

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](#).

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 2024: "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: [Regulations and guidance](#). 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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