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INSIDER

Educational and program information for providers

For Optum in-office assessment program announcements, see page 2.

August 2022

FOCUS ON: Major depressive disorder

Medicare Advantage	Prevalent conditions that fall into this category are: delusional disorders, manic episode, bipolar disorder, severe major depressive disorder (single or recurrent episode) and disruptive mood dysregulation disorder *Unique to Medicare Advantage: mild major depressive disorder, moderate major depressive disorder, major depressive disorder in remission, recurrent major depressive disorder, persistent mood disorder and mood disorder*
HCC 59: Major depressive, bipolar and paranoid disorders	
Affordable Care Act	
HCC 88: Major depressive, severe and bipolar disorders HCC 87_2: Delusional and other specified psychotic disorders, unspecified psychosis	

The conditions listed in the table above do not represent an inclusive list. HCC information is provided for educational purposes on the differences between the CMS and HHS models and is not intended to affect provider care. Please check the CMS and HHS mappings for a complete list of conditions.

CMS requires submission of all 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 **major depressive disorder**, specify (if applicable):

- Episode type: single or recurrent
- Severity: mild, moderate, severe
- Symptoms: presence or absence of psychotic symptoms or features (an MDD diagnosis cannot be coded from the PHQ-9 score alone)
- Remission status: Partial or full

Social determinants of health

ICD-10-CM*	Description
Z59.41✦	Food insecurity
Z59.5	Extreme poverty
Z59.6	Low income
Z59.7	Insufficient social insurance and welfare support
Z60.0	Problems of adjustment to life-cycle transitions (empty nest syndrome, phase of life problem, problem with adjustment to retirement)
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection
Z63.0	Problems in relationship with spouse or partner
Z63.1	Problems in relationship with in-laws
Z63.4	Disappearance and death of family member (bereavement)
Z63.79	Other stressful life events affecting family and household
Z72.3	Lack of physical exercise
Z72.4	Inappropriate diet and eating habits
Z72.811	Adult antisocial behavior
Z72.89	Other problems related to lifestyle (self-damaging behavior)

*This represents only a partial listing of social determinants of health codes.

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.

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Optum in-office assessment program updates and reminders

Thank you for your participation in the Optum in-office assessment program. This program is designed to assist you in conducting a comprehensive annual exam and potentially help you detect chronic conditions, at times before your patients have symptoms. We encourage you to schedule a comprehensive annual exam for each patient's next office visit. Please allow enough time to assess all gaps in care and screenings identified on your assessments.

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.

This section is intended to notify you of in-office assessment program updates and reminders for our health plans' Medicare Advantage (MA), Medicaid Managed Care Plan (MCAID) and Affordable Care Act (ACA) members and to inform you of trainings that you and your team may leverage to support program success. Disclaimer: The information provided below is not specific to any one group or health plan; the terms below may vary from health plan to health plan. If you would like to understand what terms apply to what health plan, would like a reference to the full program requirements and/or have any further questions, please contact your Optum representative, or contact the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday–Friday.

2021 program reimbursement inactivation

The 2021 program year Missing Account Setup Form (MASF) inactivation deadline is approaching. Optum will begin sending letters to affected groups at the end of July 2022. **Any 2021 assessments remaining on the MASF by September 30, 2022 will be inactivated and therefore no longer eligible to receive reimbursement.** If you believe you need to take action in order to release your group's 2021 reimbursements, please contact your Optum representative or the Optum Provider Support Center.

Training opportunities

Optum offers a variety of documentation and coding courses for Medicare Advantage (MA) and the Affordable Care Act (ACA). Classes are available with continuing education unit (CEU) and/or continuing medical education (CME) credits.

- On-demand sessions for Medicare Advantage
- Regional trainings: Please speak with your Optum representative for a schedule of virtual trainings within your region pertaining to documentation considerations.

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.

Did you know?

Your Optum representative or the Provider Support Center can provide access to several tools to assist you in completing the program, as well as tracking your results in the program. If you have questions, please contact your Optum representative or the Optum Provider Support Center at 1-877-751-9207 between 8 a.m. and 7 p.m. ET, Monday through Friday, or via email at providersupport@optum.com.

To minimize errors or to correct previously rejected assessments, please refer to the in-office assessment checklist and FAQ for providers.

Remember:

Assessments must be submitted via:

- **In-office assessment delivered as PDF:**
  - **Optum Uploader:** please visit optumupload.com.
  - **Secure fax:** 1-972-729-6103
  - **Traceable carrier:** (any commercial carrier with traceable delivery) to the following address:
    Optum Prospective Programs Processing
    2222 W. Dunlap Ave.
    Phoenix, AZ 85021
- **Optum electronic portal/modality**

Codes marked with a ✦ directly after them represent new additions to the FY 2022 ICD-10-CM code classification.

The following references were used to create the content of this document:

Optum360 ICD-10-CM: Professional for Physicians 2022. Salt Lake City, UT: 2021

11000 Optum Circle, Eden Prairie, MN 55344

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.

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/cciio/Resources/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.

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