

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

## 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. <b>For ACA enrollees age &gt;2:</b> All of the above account for any age; however, emphysema (panlobular, centrilobular, interstitial, compensatory, other, or unspecified); COPD unspecified will commence after two years of age.
HCC 111: COPD	
Affordable Care Act	<b>For ACA enrollees only, any age:</b> Asthma – mild (intermittent or persistent), moderate (persistent), severe (persistent), or unspecified; with acute exacerbation, status asthmaticus or uncomplicated: bronchospasm (exercise induced); cough variant asthma; eosinophilic and other asthma.
HCC 160, 161: COPD, including bronchiectasis and asthma	

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.

CMS requires submission of risk-adjusting 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 **regarding chronic obstructive pulmonary disease (COPD)**, specify (if applicable):

- **Type:** For example, asthma with COPD, also document the asthma by severity, frequency and level of exacerbation; chronic asthmatic bronchitis, chronic obstructive bronchitis, chronic bronchitis with emphysema, and chronic obstructive tracheobronchitis
- **Severity:** Acute exacerbation, acute-on-chronic exacerbation or chronic respiratory failure
- **Comorbidities:** Such as, but not limited to, pulmonary artery disease, malnutrition, diabetes, cardiac disease, hypertension, heart failure, coronary artery disease and lung cancer
- **Cause:** Identify any acute lower respiratory infection and the infectious microorganism, if known; 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 (second hand, occupational, etc.)

## HEDIS measures

Use of spirometry testing in the assessment and new diagnosis of COPD (SPR) <i>(This measure is specific to the MA population)</i>	The percentage of patients 40 years of age and older with a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.  An encounter with a new diagnosis of COPD and specific spirometry testing completed two years prior through six months after the diagnosis. <i>Note: The type of encounter (outpatient/inpatient) may alter these requirements. See the NCQA specifications for complete information.</i>
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Documentation considerations may be specific to Optum programs such as the Comprehensive Gap Assessment Program (CGAP). Refer to the National Committee for Quality Assurance (NCQA) for a complete listing of documentation requirements.

For information on CGAP documentation verification requirements, please click [here](#).

For additional HEDIS documentation requirement information, please refer to our [Closing gaps in quality measures toolbox](#).

For additional information, as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at [ncqa.org](http://ncqa.org).

For additional information about the Medicare Advantage Five-Star Quality Rating System, please refer to [go.cms.gov/partcandstarratings](http://go.cms.gov/partcandstarratings).

# 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 your patients' 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.

## Common 2021 submission errors

In 2021, approximately three percent (3%) of the assessments initially submitted to Optum were rejected, and two percent (2%) remain in a rejected status. The most common rejection codes and their corresponding descriptions are listed below.

Your Optum representative can provide a report to determine if any of your assessments have been rejected along with details on corrective actions to enable resubmission of those assessments. If the original submission was received within the timely submission period, the resubmitted assessment may qualify for full administrative reimbursement only after the reject reason has been resolved. To avoid further delays in receiving your administrative reimbursement, please review, resolve and resubmit any rejected assessments as soon as possible. Rejected resubmissions need to be received at Optum Processing by March 31, 2021. Please refer to the Optum in-office assessment reject code explanations sheet for additional information on rejected assessments.

Rejection Code	Error Description	% of Overall Rejects
QR03	Coversheet only	29%
QR16	No codeable documentation	20%
QR23	Invalid DOS	16%
QR05	No provider signature	12%

## Training opportunities

Optum offers a variety of coding and documentation courses for MA and 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.

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.



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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 document 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 January 15, 2021, the Centers for Medicare & Medicaid Services (CMS) announced that 2021 dates of service for the 2022 payment year model are based on the Centers for Medicare & Medicaid Services Announcement. [cms.gov/medicarehealth-plans/medicareadvgtgs-ecratestatsannouncements-and-documents/2022](https://www.cms.gov/medicarehealth-plans/medicareadvgtgs-ecratestatsannouncements-and-documents/2022)

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/ccio/Resources/Regulations-and-Guidance/index.html#Premium%20Stabilization%20Programs](https://www.cms.gov/ccio/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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## 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](mailto:providersupport@optum.com).

To minimize errors or to correct previously rejected assessments, please refer to the [Checklist and FAQ for providers](#).

## Remember:

Assessments must be submitted via:

- **Optum Uploader:** please visit [optumupload.com](https://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**