

Focus on: Endocrine and metabolic disorders

July is Hemochromatosis Screening and Awareness Month

Medicare Advantage*	Prevalent conditions that fall into these categories are: Hypoparathyroidism, hyperparathyroidism, secondary hyperparathyroidism of renal origin; diabetes insipidus, Cushing’s syndrome, aldosteronism, amyloidosis, diabetes mellitus (DM) with ketoacidosis; DM with chronic kidney disease; DM with neuropathy; DM with hypoglycemia; DM with proliferative retinopathy; DM with foot ulcer; DM with peripheral angiopathy; DM without complications; long-term use of insulin (Type 2 only); inflammatory polyneuropathy; radiation-induced polyneuropathy; rheumatoid polyneuropathy; toxic myoneural disorders; MG, GBS, Lambert-Eaton syndrome and alcoholic polyneuropathy
<ul style="list-style-type: none"> • HCC 23 (49, 50, 51): Other significant endocrine and metabolic disorders • HCC 17, 18, 19 (36, 37, 38): Diabetes with and without complications • HCC 75 (193, 195, 196): Myasthenia gravis (MG), Guillain-Barre’ syndrome (GBS), myoneural disorders, inflammatory or toxic neuropathy 	
Affordable Care Act*	
<ul style="list-style-type: none"> • HCC 26, 27, 28, 29, 30: Other significant endocrine and metabolic disorders • HCC 19, 20, 21: Diabetes with and without complications • HCC 115: MG, GBS, myoneural disorders, inflammatory or toxic neuropathy 	

*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 **endocrine and metabolic disorders**, specify:

- **Type(s) if known:** Type 1 DM, serum or multifocal neuropathy, primary, secondary, idiopathic
- **Severity:** With or without acute exacerbation
- **Location/laterality:** Such as right great toe amputation, left below-knee amputation (BKA), left BK prosthesis, etc.
- **Control status:** DM controlled; if stated “inadequately controlled,” “out of control” or “poorly controlled” (diabetes, by type, with hyperglycemia); if “DM uncontrolled,” specify as hyperglycemic or hypoglycemic
- **Cause:** Due to toxic agents, alcoholic, radiation or drug-induced, etc.

Endocrine and metabolic disorders

ICD-10-CM	Description
E05.90	Thyrotoxicosis, unspecified without thyrotoxic crisis or storm
E11.2- – E11.8	Type 2 diabetes mellitus with complications
E11.9	Type 2 diabetes mellitus without complications
E20.-	Hypoparathyroidism
E21.-	Hyperparathyroidism and other disorders of parathyroid gland
E22.-	Hyperfunction of pituitary gland
E23.-	Hypofunction and other disorders of the pituitary gland
E24.-	Cushing's syndrome
E25.-	Adrenogenital disorders
E26.-	Hyperaldosteronism
E27.-	Other disorders of adrenal gland
E83.0-	Disorders of copper metabolism
E83.10	Disorder of iron metabolism
E83.11-	Hemochromatosis
G61.0	Guillain-Barre syndrome
G62.-	Other and unspecified polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere (code first underlying disease)
G70.-	Myasthenia gravis and other myoneural disorders
N25.81	Secondary hyperparathyroidism of renal origin

For additional information on other endocrine and metabolic disorders, please refer to our [Documentation and coding tips: Other endocrine and metabolic disorders](#).

HEDIS measures

Eye exam for patients with diabetes (EED):

- **Medical record documentation meeting any of the following criteria:**

- A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that a retinal or dilated eye exam was completed by an eye care professional (optometrist or ophthalmologist).
- Evidence of a bilateral or unilateral eye enucleation any time during the patient's history through 12/31 of the current calendar year.
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care specialist in the year prior.
- *Note: Any provider can report the appropriate CPT II code. Report 2022F-2033F with date of the eye exam, not the date of service (DOS) when the report was reviewed. Report 3072F with the current year DOS.*

- **Exclusions:**

- Members in hospice, using hospice or who dies during measurement year.
- 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 measure year.
- Members 66 years of age and older as of 12/31 of the measurement year with [frailty and advanced illness](#) during the measurement year.
- Members in hospice or using services or receiving palliative care any time during the measurement year.

Hemoglobin A1c control for patients with diabetes (HBD):

- **Medical record stating a confirmed diagnosis of diabetes to include the following HbA1c screening documentation:**
 - Document the date and result(s) or provide a copy of the lab report with the most recent HbA1c control indicator used regardless of data source.
 - *Note: Report CPT II (3044F, 3046F, 3051F or 3052F) code with the date of the A1c test, not the date of the office visit when the test was reviewed.*
- **Exclusions:**
 - Members in hospice, using hospice or who dies during measurement year.
 - 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 measure year.
 - Members 66 years of age and older as of 12/31 of the measurement year with [frailty and advanced illness](#) during the measurement year.
 - Members 81 years of age and older as of 12/31 of the measurement year with at least two indications of frailty.
 - Members in hospice or using services or receiving palliative care any time during the measurement year.

For additional information on closing HEDIS measures, please refer to our [closing gaps in quality measures](#).

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 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.



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