

FACILITY GUIDELINES FOR QUALIFYING CONDITIONS

Thank you for being a participating practitioner in the New York–Reducing Avoidable Hospitalizations (NY–RAH) project. Below are the payment codes and clinical guidelines to help you diagnose your eligible long stay residents with one of the six qualifying conditions subject to payment incentives in this project.

Congestive Heart Failure (CHF)

HCPCS CODE: G9680 ACUTE CARE CHF			MAXIMUM BENEFIT PERIOD: 7 DAYS	
Symptomatic Guidance	Qualifying Diagnosis	OR	Two or more of these criteria	Treatment
Acute onset of dyspnea (shortness of breath), or orthopnea (SOB when lying down), paroxysmal nocturnal dyspnea (SOB waking the patient at night), new or increased leg or pre-sacral edema, and/or unexpected weight gain.	Chest x-ray confirmation of a new pulmonary congestion		<ul style="list-style-type: none"> Blood Oxygen saturation level below 92% on room air or on usual O2 settings in patients with chronic oxygen requirements. New or worsening pulmonary rales New or worsening edema New or increased jugulo-venous distension BNP>300 	Increased diuretic therapy, obtain EKG to rule out cardiac ischemia or arrhythmias such as atrial fibrillation that could precipitate heart failure, vital sign or cardiac monitoring every shift, daily weights, oxygen therapy, low salt diet, and review of medications, including beta- blockers, ACE inhibitors, ARBS, aspirin, spironolactone, and statins, monitoring renal function, laboratory and radiologic monitoring. If new diagnosis, additional tests may be needed to detect cause.

Chronic Obstructive Pulmonary Disease (COPD)/Asthma

HCPCS CODE: G9681 ACUTE CARE COPD/ASTHMA		MAXIMUM BENEFIT PERIOD: 7 DAYS		
Qualifying Diagnosis	AND	Two or more of these criteria		Treatment
Known diagnosis of COPD/ Asthma or CXR showing COPD with hyper-inflated lungs and no infiltrates.		<ul style="list-style-type: none"> Symptoms of wheezing, shortness of breath, or increased sputum production Blood Oxygen saturation level below 92% on room air or on usual O2 settings in patients with chronic oxygen requirements Acute reduction in Peak Flow or FEV1 on spirometry. Respiratory rate > 24 breaths/minute 		Increased Bronchodilator therapy, usually with a nebulizer, IV or oral steroids, oxygen, and sometimes antibiotics.



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Dehydration: Fluid or Electrolyte Disorder

HCPCS CODE: G9683 ACUTE CARE DEHYDRATION			MAXIMUM BENEFIT PERIOD: 5 DAYS
Qualifying Diagnosis	AND	Two or more of these criteria	Treatment
Any acute change in condition.		<ul style="list-style-type: none"> Reduced urine output in 24 hours or reduced oral intake by approximately 25% or more of average intake for 3 consecutive days New onset of Systolic BP < 100 mm Hg (Lying, sitting or standing) 20% increase in Blood Urea nitrogen (e.g. from 20 to 24) OR 20% increase in Serum Creatinine (e.g. from 1.0 to 1.2) Sodium \geq 145 or \leq 135 Orthostatic drop in systolic BP of 20 mmHg or more going from supine to sitting or standing. 	Parenteral (IV or clysis) fluids, lab/diagnostic test coordination and reporting, and careful evaluation for the underlying cause, including assessment of oral intake, medications (diuretics or renal toxins), infection, shock, heart failure, and kidney failure.

Pneumonia

HCPCS CODE: G9679 ACUTE CARE PNEUMONIA			MAXIMUM BENEFIT PERIOD: 7 DAYS	
Symptomatic Guidance	Qualifying Diagnosis	OR	Two or more of these criteria	Treatment
Productive cough, increased functional decline, increased dependence in ADLs, reduced oral intake, or increase lethargy, altered mental status, dyspnea.	Chest x-ray confirmation of a new pulmonary infiltrate		<ul style="list-style-type: none"> Fever > 100° F (oral) or two degrees above baseline Blood Oxygen saturation level < 92% on room air or on usual O2 settings in patients with chronic oxygen requirements. Respiratory rate above 24 breaths/minute Evidence of focal pulmonary consolidation on exam, including rales, rhonchi, decreased breath sounds, or dullness to percussion 	Antibiotic therapy (oral or parenteral), hydration (oral, sc, or IV), oxygen therapy, and/or bronchodilator treatments. Additional nursing supervision for symptom assessment and management (vital sign monitoring, lab/diagnostic test coordination and reporting).

Skin Infection

HCPCS CODE: G9682 ACUTE CARE SKIN INFECTION	MAXIMUM BENEFIT PERIOD: 7 DAYS
Qualifying Diagnosis	Treatment
<ul style="list-style-type: none"> New onset of painful, warm and/or swollen/indurated skin infection requiring antibiotic (oral or parenteral) or antiviral therapy. If associated with a skin ulcer or wound there is an acute change in condition with signs of infection such as purulence, exudate, fever, new onset of pain, and/or induration. 	Frequent turning, nutritional supplementation, at least daily wound inspection and/or periodic wound debridement, cleansing, dressing changes, and antibiotics (oral or parenteral) or antivirals.

Urinary Tract Infection (UTI)

HCPCS CODE: G9684 ACUTE CARE URINARY (UTI)			MAXIMUM BENEFIT PERIOD: 7 DAYS	
Symptomatic Guidance	Qualifying Diagnosis	AND	One or more of these criteria	Treatment
Dysuria, frequency, new incontinence, altered mental status, hematuria, CVA tenderness.	> 100,000 colonies of bacteria growing in the urine with no more than 2 species of microorganisms.		<ul style="list-style-type: none"> Fever > 100° F (oral) or two degrees above baseline Peripheral WBC count > 14,000 Symptoms of: dysuria, new or increased urinary frequency, new or increased urinary incontinence, altered mental status, gross hematuria, or acute costovertebral angle pain or tenderness 	Oral or parenteral antibiotics, lab/diagnostic test coordination and reporting, monitoring and management of urinary frequency, incontinence, agitation and other adverse effects.