

PRACTITIONER 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.

Billing Criteria

Initial confirmation of diagnosis visit	HCPCS/CPT Code	Short Descriptor	Long Description
	G9685	Acute Nursing Facility Care	<ul style="list-style-type: none"> Physician or other qualified health care professional service for the evaluation and management of a beneficiary’s acute change in condition in a nursing facility. Beneficiary must meet required clinical criteria. This service is for a demonstration project.

Key Components Required:

- A comprehensive review of the beneficiary’s history
- A comprehensive examination
- Medical decision making of moderate to high complexity.
- Counseling and/or coordinating care with nursing facility staff and other providers or suppliers consistent with the nature of the problem(s) and the beneficiary’s and family’s needs.

Normally, billed in response to nursing facility staff noticing a change in condition related to one of six conditions (Pneumonia, Dehydration, Congestive Heart Failure, Urinary Tract Infection, Skin ulcers/Cellulitis, Chronic Obstructive Pulmonary Disease/Asthma) and notifying the physician or other qualified health care provider. May be billed even if upon examination it turns out that the beneficiary does not have one of the six conditions.

The code is limited to first visit in response to a beneficiary who has experience an acute change in condition to confirm and treat the diagnosed condition.

Code may only be billed for residents who are eligible and participating in the initiative. Visit must be documented in the resident medical record at the nursing facility.

Maximum Benefit Period:

- Code can be billed only once for initial visit per episode, per eligible resident.
- Follow up visits should be billed under HCPCS/CPT Code 99310, Nursing Facility Care, Subsequent.

Congestive Heart Failure (CHF)

This result	OR	Two or more of these criteria
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



Chronic Obstructive Pulmonary Disease (COPD) or Asthma

This diagnosis	AND	Two or more of these criteria
Known diagnosis of COPD/ Asthma or CXR showing COPD with hyperinflated 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

Dehydration: Fluid or Electrolyte Disorder

This condition	AND	Two or more of these criteria
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

Pneumonia

This result	OR	Two or more of these criteria
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 including rales, rhonchi, decreased breathe sounds, or dullness to percussion

Skin Infection

This condition	AND	Please note
New onset of painful, warm and/or swollen/indurated skin infection requiring antibiotic (oral or parenteral) or antiviral therapy		<ul style="list-style-type: none"> • 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

Urinary Tract Infection (UTI)

This result	AND	One or more of these criteria
>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