

NY-RAH FACILITY GUIDELINES FOR QUALIFYING CONDITIONS

Revised Guidelines Effective January 1, 2019

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, increased lethargy, or dyspnea	Chest X-ray confirmation of a new pulmonary infiltrate		<ul style="list-style-type: none"> Fever $\geq 100^{\circ}$ F (oral) or two degrees above baseline Oxygen saturation level $\leq 92\%$ on room air or on usual O₂ settings in patients with chronic oxygen requirements Respiratory rate ≥ 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).

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), 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, edema, or bilateral pleural effusions		<ul style="list-style-type: none"> Oxygen saturation $\leq 92\%$ 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 In the absence of renal failure, BNP ≥ 100 pg/ml or NTproBNP ≥ 900 pg/ml (GFR ≤ 60 ml/min/1.73m²) Weight gain of 3 lbs or more in one day or 5 lbs or more in one week 	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 chest X-ray showing COPD with hyperinflated lungs and no infiltrates		<ul style="list-style-type: none"> New or worsening wheezing, cough, shortness of breath, or sputum production Oxygen saturation level $\leq 92\%$ 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

Skin Infection

HCPCS CODE: G9682 ACUTE CARE SKIN INFECTION		MAXIMUM BENEFIT PERIOD: 7 DAYS	
Qualifying Diagnosis	AND	ONE or more of these criteria	Treatment
<ul style="list-style-type: none"> Infection with new onset of warm and/or erythematous and/or swollen/indurated skin requiring oral or parenteral antibiotic or antiviral therapy OR IF associated with an existing skin ulcer or wound there is an acute worsening with new signs of infection such as purulence, exudate, and/or induration 		<ul style="list-style-type: none"> Fever $\geq 100^\circ\text{F}$ (oral) or two degrees above baseline White blood cell count $\geq 12,000$ 	Frequent turning, nutritional assessment and/or supplementation, at least daily wound inspection and/or periodic wound debridement, cleansing, dressing changes, and antibiotics (oral or parenteral) or antivirals

Fluid or Electrolyte Disorder

HCPCS CODE: G9683 ACUTE CARE FLUID OR ELECTROLYTE DISORDER		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 three consecutive days New onset of systolic BP ≤ 100 mmHg (lying, sitting or standing) 20% increase in BUN (e.g., from 20 to 24) <u>OR</u> 20% increase in Creatinine (e.g., from 1.0 to 1.2) Sodium ≥ 145 or ≤ 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

Urinary Tract Infection (UTI)

HCPCS CODE: G9684 ACUTE CARE UTI			MAXIMUM BENEFIT PERIOD: 7 DAYS	
Symptomatic Guidance	Qualifying Diagnosis	AND	ONE or more of these criteria	Treatment
Dysuria, frequency, new incontinence, hematuria, CVA tenderness	≥ 100,000 colonies of bacteria growing in the urine with no more than two species of microorganisms		<ul style="list-style-type: none"> Fever ≥ 100° F (oral) or two degrees above baseline Peripheral white blood cell count ≥ 12,000 In the case of catheter-associated UTIs: acute back pain, flank pain, epididymis pain, purulent exudate from catheter insertion site, or prostate pain Symptoms of: dysuria, new or increased urinary frequency, new or increased urinary incontinence, 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. Evaluation for prostatitis with prostate exam in males.



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