

PRACTITIONER GUIDELINES FOR QUALIFYING CONDITIONS

Revised Guidelines Effective January 1, 2019

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. 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, Congestive Heart Failure, COPD/Asthma, Skin Infection, Fluid/Electrolyte Disorder, Urinary Tract Infection) 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 meet criteria for one of the six conditions.

The code is limited to the first visit, in response to a beneficiary who has experienced an acute change in condition, to confirm and treat the suspected 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 Codes 99307–99310, Nursing Facility Care, Subsequent.

Pneumonia

Qualifying Diagnosis	OR	TWO or more of these criteria
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



Congestive Heart Failure (CHF)

Qualifying Diagnosis	OR	TWO or more of these criteria
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

Chronic Obstructive Pulmonary Disease (COPD) or Asthma

Qualifying Diagnosis	AND	TWO or more of these criteria
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

Skin Infection

Qualifying Diagnosis	AND	ONE or more of these criteria
<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 $\geq 12,000$

Fluid or Electrolyte Disorder

Qualifying Diagnosis	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 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

Urinary Tract Infection (UTI)

Qualifying Diagnosis	AND	ONE or more of these criteria
≥ 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