

The Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents – Payment Reform
 Nursing Facility HCPCS Codes and Clinical Criteria Update – November 2018
 Changes Effective **January 1, 2019**

HCPCS	Short Descriptor	Long Descriptor	Clinical Criteria
G9679	Acute care pneumonia	Facility service(s) for onsite acute care treatment of a nursing facility resident with pneumonia. (May only be billed once per day per beneficiary). This service is for a demonstration project.	<p><i>Pneumonia</i> <u>Qualifying Diagnosis:</u></p> <ul style="list-style-type: none"> • Chest X-ray confirmation of a <i>new</i> pulmonary infiltrate <p>OR TWO or more of the following:</p> <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 breathe sounds, or dullness to percussion <p><u>Symptomatic guidance:</u> Productive cough, increased functional decline, increase dependence in ADLS, reduced oral intake, or increased lethargy, dyspnea.</p> <p><u>Confirmation:</u> Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.</p> <p><u>Treatment:</u> 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).</p> <p><u>Maximum Benefit Period:</u> 7 days</p>

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HCPCS	Short Descriptor	Long Descriptor	Clinical Criteria
G9680	Acute care congestive heart	Facility service(s) for onsite acute care treatment of a nursing facility resident with Congestive Heart Failure, (CHF). (May only be billed once per day per beneficiary). This service is for a demonstration project.	<p>Congestive Heart Failure <u>Qualifying Diagnosis:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Chest X-ray confirmation of a <i>new</i> pulmonary congestion, edema, or bilateral pleural effusions <p>OR TWO or more of the following:</p> <ul style="list-style-type: none"> • Oxygen saturation level $\leq 92\%$ on room air or on usual O₂ settings in patients with chronic oxygen requirements. <input type="checkbox"/> New or worsening pulmonary rales <input type="checkbox"/> New or worsening edema <input type="checkbox"/> 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) <input type="checkbox"/> Weight gain of 3 lbs. or more in one day or 5 lbs. or more in one week <p><u>Symptomatic Guidance:</u> Acute onset of dyspnea (shortness of breath (SOB)), orthopnea (SOB when lying down), paroxysmal nocturnal dyspnea (SOB waking the patient at night), new or increased leg or presacral edema, and/or unexpected weight gain.</p> <p><u>Confirmation:</u> Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.</p> <p><u>Treatment:</u> 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.</p> <p><u>Maximum Benefit Period:</u> 7 days</p>

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G9681	Acute care chronic obstruct	Facility service(s) for onsite acute care treatment of a resident with Chronic Obstructive Pulmonary Disease (COPD) or asthma. (May only be billed once per day per beneficiary). This service is for a demonstration project.	<p><i>COPD/Asthma</i> <u>Qualifying Diagnosis:</u></p> <ul style="list-style-type: none"> • Known diagnosis of COPD/Asthma or chest X-ray showing COPD with hyperinflated lungs and no infiltrates <p>AND TWO or more of the following:</p> <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 \geq 24 breaths/minute <p><u>Confirmation:</u> Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.</p> <p><u>Treatment:</u> Increased Bronchodilator therapy, usually with a nebulizer, IV or oral steroids, oxygen, and sometimes antibiotics.</p> <p><u>Maximum Benefit Period:</u> 7 days</p>

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G9682	Acute care skin infection	Facility service(s) for the onsite acute care treatment a nursing facility resident with a skin infection. (May only be billed once per day per beneficiary). This service is for a demonstration project.	<p><i>Skin Infection</i> <u>Qualifying Diagnosis:</u></p> <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 therapy or antiviral therapy • 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. <p>AND ONE or more of the following two:</p> <ul style="list-style-type: none"> • Fever $\geq 100^{\circ}$ F (oral) or two degrees above baseline • White blood cell count $\geq 12,000$ <p><u>Confirmation:</u> Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.</p> <p><u>Treatment:</u> 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 antiviral therapy.</p> <p><u>Maximum Benefit Period:</u> 7 days</p>

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G9683	Acute fluid/electro disorder	Facility service(s) for the onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder (May only be billed once per day per beneficiary). This service is for a demonstration project.	<p><i>Fluid or Electrolyte Disorder</i> <u>Qualifying Diagnosis:</u></p> <ul style="list-style-type: none"> • Any acute change in condition <p>AND TWO or more of the following:</p> <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 \leq 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. <p><u>Confirmation:</u> Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.</p> <p><u>Treatment:</u> 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.</p> <p><u>Maximum Benefit Period:</u> 5 days</p>

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G9684	Acute care urinary tract inf	Facility service(s) for the onsite acute care treatment of a nursing facility resident for a urinary tract infection (UTI). (May only be billed once per day per beneficiary). This service is for a demonstration project.	<p><i>Urinary Tract Infection</i> <u>Qualifying Diagnosis:</u></p> <ul style="list-style-type: none"> • $\geq 100,000$ colonies of bacteria growing in the urine with no more than 2 species of microorganisms. <p>AND ONE or more of the following:</p> <ul style="list-style-type: none"> • Fever $\geq 100^{\circ}$ F (oral) or two degrees above baseline • Peripheral WBC count $\geq 12,000$: • 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 <p><u>Symptomatic Guidance:</u> Dysuria, frequency, new incontinence, hematuria, CVA tenderness.</p> <p><u>Confirmation:</u> Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.</p> <p><u>Treatment:</u> 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.</p> <p><u>Maximum Benefit Period:</u> 7 days</p>

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G9685	Acute Nursing Facility Care	Physician service or other qualified health care professional for the evaluation and management of a beneficiary's acute change in condition in a nursing facility. This service is for a demonstration project.	<p><u>Key Components Required:</u></p> <ul style="list-style-type: none"> • 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. <p><u>Maximum Benefit Period:</u> Code can be billed once per day for a single beneficiary.</p>