RAVEN

Reduce **AV**oidable Hospitalizations using **E**vidence-based interventions for **N**ursing facilities in Pennsylvania

Quick Reference Guide for Billing Codes and Diagnostic Criteria

AGING INSTITUTE
of UPMC Senior Services and the University of Pittsburgh

New Payment Codes for the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents			
Facility Payments			
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.	**Pneumonia** **Qualifying Diagnosis** • Chest x-ray confirmation of a ***new*** pulmonary infiltrate **OR TWO or more of the following:** • 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 **Symptomatic Guidance:** Productive cough, increased functional decline, increase dependence in ADLS, reduced oral intake, or increased lethargy, altered mental status, dyspnea. **Treatment:** 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) **Maximum Benefit Period:** 7 days

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HCPCS	**Short Descriptor**	**Long Descriptor**	**Clinical Criteria**
G9680	Acute care (CHF)	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.	**Congestive Heart Failure** **Qualifying Diagnosis** • Chest x-ray confirmation of a ***new*** pulmonary congestion **OR TWO or more of the following:** • 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 **Symptomatic Guidance:** 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 presacral edema, and/or unexpected weight gain. **Treatment:** 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. **Maximum Benefit Period:** 7 days

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HCPCS	**Short Descriptor**	**Long Descriptor**	**Clinical Criteria**
G9681	Acute care (COPD) /asthma	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.	**COPD/Asthma** **Qualifying Diagnosis** • Known diagnosis of COPD/Asthma or CXR showing COPD with hyperinflated lungs and no infiltrates **AND TWO or more of the following:** • 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 **Treatment:** Increased Bronchodilator therapy, usually with a nebulizer, IV or oral steroids, oxygen, and sometimes antibiotics. **Maximum Benefit Period:** 7 days

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HCPCS	**Short Descriptor**	**Long Descriptor**	**Clinical Criteria**
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.	**Skin Infection** **Qualifying Diagnosis** • New onset of painful, ***warm and/or swollen***/indurated skin infection requiring oral or parenteral antibiotic 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 **Treatment:** 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). **Maximum Benefit Period:** 7 days

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HCPCS	**Short Descriptor**	**Long Descriptor**	**Clinical Criteria**
G9683	Acute care fluid or electrolyte disorder/dehydration	Facility service(s) for the onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder or dehydration (May only be billed once per day per beneficiary). This service is for a demonstration project.	**Fluid or Electrolyte Disorder, or Dehydration** **Qualifying Diagnosis** • Any acute change in condition **AND TWO or more of the following:** • 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 mmHg (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 < 135 • Orthostatic drop in systolic BP of 20 mmHg or more going from supine to sitting or standing **Treatment:** 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. **Maximum Benefit Period:** 5 days

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G9684	Acute care urinary (UTI)	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.	**Urinary Tract Infection** **Qualifying Diagnosis** • >100,000 colonies of bacteria growing in the urine with no more than 2 species of microorganisms **AND ONE or more of the following:** • 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 **Symptomatic Guidance:** Dysuria, frequency, new incontinence, altered mental status, hematuria, CVA tenderness. **Treatment:** Oral or parenteral antibiotics, lab/diagnostic test coordination and reporting, monitoring and management of urinary frequency, incontinence, agitation and other adverse effects. **Maximum Benefit Period:** 7 days

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Practitioner Payments			
HCPCS	**Short Descriptor**	**Long Descriptor**	**Clinical Criteria**
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. (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 **Maximum Benefit Period:** Code can be billed once per day for a single beneficiary.

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Practitioner Payments			
HCPCS	**Short Descriptor**	**Long Descriptor**	**Clinical Criteria**
G9686	Nursing Facility Conference	Participation in an onsite nursing facility conference, that is separate and distinct from an evaluation and management visit, including a physician, or other qualified health care professional and at least one member of the nursing facility interdisciplinary care team. This service is for a demonstration project.	**Qualification Criteria** In order to qualify for payment, the practitioner must conduct the discussion: • With the beneficiary and/or individual(s) authorized to make health care decisions for the beneficiary (as appropriate) • In a conference for a minimum of 25 minutes • Without performing a clinical examination of the beneficiary during the discussion (this should be conducted as needed through regular operations and this session is focused on a care planning discussion) • Include at least one member of the LTC facility interdisciplinary team • The practitioner must also document the conversation in the beneficiary's medical chart • The change in condition should be documented in the beneficiary's chart and include a Minimum Data Set (MDS) assessment **Maximum Benefit Period:** The code can be billed only once per year **or** within 14 days of a significant change in condition that increases the likelihood of a hospital admission. Subsequent billing of this code after the first time must include a –KX modifier when processed. Failure to meet the significant change in condition threshold and include the –KX modifier will result in denial of subsequent claims.

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Please contact your local Medicare Administrative Contractor (MAC) with any questions related to billing, billing statements, or other related questions. Your local MAC can be found by using the following link:

Pennsylvania Jurisdiction L (Novitas): **http://tinyurl.com/PA-MACadmin**

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