

# RAVEN

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

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## Quick Reference Guide for Billing Codes and Diagnostic Criteria

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**AGING INSTITUTE**

of UPMC Senior Services and the University of Pittsburgh

Changes Effective January 1, 2019

# New Payment Codes for the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents

## Facility Payments

| HCPCS        | Short Descriptor     | Long Descriptor   | Clinical Criteria   |
|--------------|----------------------|---|---|
| <b>G9679</b> | Acute care pneumonia | <p>Facility service(s) for onsite acute care treatment of a nursing facility resident with pneumonia.</p> <p>(May only be billed once per day per beneficiary).</p> <p>This service is for a demonstration project.</p> | <p><b>Pneumonia</b></p> <p><b>Qualifying Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Chest x-ray confirmation of a <b>new</b> pulmonary infiltrate</li> </ul> <p><b>OR TWO or more of the following:</b></p> <ul style="list-style-type: none"> <li>• Fever <math>\geq 100^{\circ}</math> F (oral) or two degrees above baseline</li> <li>• Oxygen saturation level <math>\leq 92\%</math> on room air or on usual O2 settings in patients with chronic oxygen requirements</li> <li>• Respiratory rate <math>\geq 24</math> breaths/minute</li> <li>• Evidence of focal pulmonary consolidation on exam, including rales, rhonchi, decreased breath sounds, or dullness to percussion</li> </ul> <p><b>Symptomatic Guidance:</b> Productive cough, increased functional decline, increase dependence in ADLS, reduced oral intake, or increased lethargy, dyspnea.</p> <p><b>Confirmation:</b> Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.</p> <p><b>Treatment:</b> 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><b>Maximum Benefit Period:</b> 7 days</p> |

# New Payment Codes for the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents

## Facility Payments

| HCPCS | Short Descriptor                          | Long Descriptor   | Clinical Criteria   |
|-------|---|---|---|
| G9680 | Acute care congestive heart failure (CHF) | <p>Facility service(s) for onsite acute care treatment of a nursing facility resident with Congestive Heart Failure, (CHF).</p> <p>(May only be billed once per day per beneficiary).</p> <p>This service is for a demonstration project.</p> | <p><b>Congestive Heart Failure</b></p> <p><b>Qualifying Diagnosis</b></p> <ul style="list-style-type: none"> <li>Chest x-ray confirmation of a <b>new</b> pulmonary congestion, edema, or bilateral pleural effusions</li> </ul> <p><b>OR TWO or more of the following:</b></p> <ul style="list-style-type: none"> <li>Oxygen saturation level <math>\leq 92\%</math> on room air or on usual O2 settings in patients with chronic oxygen requirements</li> <li>New or worsening pulmonary rales</li> <li>New or worsening edema</li> <li>New or increased jugulo-venous distension</li> <li>In the absence of renal failure, BNP <math>\geq 100</math> pg/ml or NTproBNP <math>\geq 900</math> pg/ml (GFR <math>\leq 60</math> ml/min/1.73m<sup>2</sup>)</li> <li>Weight gain of 3 lbs or more in one day or 5 lbs or more in one week</li> </ul> <p><b>Symptomatic Guidance:</b> 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><b>Confirmation:</b> Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.</p> <p><b>Treatment:</b> 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><b>Maximum Benefit Period:</b> 7 days</p> |

# New Payment Codes for the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents

## Facility Payments

| HCPCS        | Short Descriptor          | Long Descriptor   | Clinical Criteria  |
|--------------|---------------------------|---|--|
| <b>G9681</b> | Acute care (COPD) /asthma | <p>Facility service(s) for onsite acute care treatment of a resident with Chronic Obstructive Pulmonary Disease (COPD) or asthma.</p> <p>(May only be billed once per day per beneficiary).</p> <p>This service is for a demonstration project.</p> | <p><b>COPD/Asthma</b></p> <p><b>Qualifying Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Known diagnosis of COPD/Asthma or CXR showing COPD with hyperinflated lungs and no infiltrates</li> </ul> <p><b>AND TWO or more of the following:</b></p> <ul style="list-style-type: none"> <li>• New or worsening: wheezing, cough, shortness of breath, or sputum production</li> <li>• Oxygen saturation level <math>\leq</math> 92% on room air or on usual O2 settings in patients with chronic oxygen requirements</li> <li>• Acute reduction in Peak Flow or FEV1 on spirometry</li> <li>• Respiratory rate <math>\geq</math> 24 breaths/minute</li> </ul> <p><b>Confirmation:</b> Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.</p> <p><b>Treatment:</b> Increased Bronchodilator therapy, usually with a nebulizer, IV or oral steroids, oxygen, and sometimes antibiotics.</p> <p><b>Maximum Benefit Period:</b> 7 days</p> |

## New Payment Codes for the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents

### Facility Payments

| HCPCS | Short Descriptor          | Long Descriptor  | Clinical Criteria   |
|-------|---------------------------|--|---|
| G9682 | Acute care skin infection | <p>Facility service(s) for the onsite acute care treatment of a nursing facility resident with a skin infection.</p> <p>(May only be billed once per day per beneficiary).</p> <p>This service is for a demonstration project.</p> | <p><b>Skin Infection</b></p> <p><b>Qualifying Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Infection with <b>new</b> onset of warm and/or erythematous and/or swollen/indurated skin requiring oral or parenteral antibiotic therapy or antiviral therapy</li> <li>• If associated with an existing skin ulcer or wound there is an acute worsening with <b>new</b> signs of infection such as purulence, exudate, and/or induration</li> </ul> <p><b>AND ONE or more of the following two:</b></p> <ul style="list-style-type: none"> <li>• Fever <math>\geq 100^{\circ}</math> F (oral) or two degrees above baseline</li> <li>• White blood cell count <math>\geq 12,000</math></li> </ul> <p><b>Confirmation:</b> Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.</p> <p><b>Treatment:</b> 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><b>Maximum Benefit Period:</b> 7 days</p> |

## New Payment Codes for the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents

### Facility Payments

| HCPCS | Short Descriptor                         | Long Descriptor   | Clinical Criteria   |
|-------|--|---|---|
| G9683 | Acute care fluid or electrolyte disorder | <p>Facility service(s) for the onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder.</p> <p>(May only be billed once per day per beneficiary).</p> <p>This service is for a demonstration project.</p> | <p><b>Fluid or Electrolyte Disorder</b></p> <p><b>Qualifying Diagnosis</b></p> <ul style="list-style-type: none"> <li>Any acute change in condition</li> </ul> <p><b>AND TWO or more of the following:</b></p> <ul style="list-style-type: none"> <li>Reduced urine output in 24 hours or reduced oral intake by approximately 25% or more of average intake for 3 consecutive days</li> <li>New onset of Systolic BP <math>\leq</math> 100 mmHg (Lying, sitting or standing)</li> <li>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)</li> <li>sodium <math>\geq</math> 145 or <math>\leq</math> 135</li> <li>Orthostatic drop in systolic BP of 20 mmHg or more going from supine to sitting or standing</li> </ul> <p><b>Confirmation:</b> Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.</p> <p><b>Treatment:</b> 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><b>Maximum Benefit Period:</b> 5 days</p> |

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### Facility Payments

| HCPCS | Short Descriptor                         | Long Descriptor   | Clinical Criteria  |
|-------|--|---|--|
| G9684 | Acute care urinary tract infection (UTI) | <p>Facility service(s) for the onsite acute care treatment of a nursing facility resident for a urinary tract infection(UTI).</p> <p>(May only be billed once per day per beneficiary).</p> <p>This service is for a demonstration project.</p> | <p><b>Urinary Tract Infection</b></p> <p><b>Qualifying Diagnosis</b></p> <ul style="list-style-type: none"> <li>• ≥100,000 colonies of bacteria growing in the urine with no more than 2 species of microorganisms</li> </ul> <p><b>AND ONE or more of the following:</b></p> <ul style="list-style-type: none"> <li>• Fever ≥ 100° F (oral) or two degrees above baseline</li> <li>• Peripheral WBC count ≥ 12,000</li> <li>• In the case of catheter-associated UTIs, acute back pain, flank pain, epididymis pain, purulent exudate from catheter insertion site, or prostate pain</li> <li>• Symptoms of: dysuria, new or increased urinary frequency, new or increased urinary incontinence, gross hematuria, or acute costovertebral angle pain or tenderness</li> </ul> <p><b>Symptomatic Guidance:</b> Dysuria, frequency, new incontinence, hematuria, CVA tenderness.</p> <p><b>Confirmation:</b> Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.</p> <p><b>Treatment:</b> 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><b>Maximum Benefit Period:</b> 7 days</p> |

## New Payment Codes for the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents

### Practitioner Payments

| HCPCS        | Short Descriptor            | Long Descriptor  | Clinical Criteria  |
|--------------|-----------------------------|--|--|
| <b>G9685</b> | Acute Nursing Facility Care | <p>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.</p> <p>This service is for a demonstration project.</p> | <p><b>Key Components Required</b></p> <ul style="list-style-type: none"> <li>• A comprehensive review of the beneficiary's history</li> <li>• A comprehensive examination</li> <li>• Medical decision making of moderate to high complexity</li> <li>• 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</li> </ul> <p><b>Maximum Benefit Period:</b> Code can be billed once per day for a single beneficiary.</p> |



## New Payment Codes for the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents

### Nursing Documentation Suggestions

| Pneumonia  |  | COPD/Asthma  |   | CHF   |   |
|--|--|--|---|---|---|
| <ul style="list-style-type: none"> <li>• <b>Orientation</b></li> <li>• <b>Vital signs</b></li> <li>• <b>Pulse ox%</b></li> <li>• <b>Lung sounds</b></li> <li>• <b>Cough</b></li> <li>• <b>SOB</b> (rest or exertion)</li> <li>• <b>O<sub>2</sub></b></li> <li>• <b>Mobility</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Response to:</b> meds (antibiotics, nebs, etc.)</li> <li>• <b>Appetite</b></li> <li>• <b>Elimination</b></li> <li>• <b>Complaints/Comfort</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Orientation</b></li> <li>• <b>Vital signs</b></li> <li>• <b>Pulse ox%</b></li> <li>• <b>Lung sounds</b></li> <li>• <b>Cough</b></li> <li>• <b>SOB</b> (rest or exertion)</li> </ul>        | <ul style="list-style-type: none"> <li>• <b>Response to:</b> meds (antibiotics, nebs, etc.)</li> <li>• <b>O<sub>2</sub></b></li> <li>• <b>Mobility</b></li> <li>• <b>Appetite</b></li> <li>• <b>Elimination</b></li> <li>• <b>Complaints/Comfort</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Orientation</b></li> <li>• <b>Vital signs</b></li> <li>• <b>Pulse ox %</b></li> <li>• <b>Weight</b></li> <li>• <b>Lung sounds</b></li> <li>• <b>Cough</b></li> <li>• <b>SOB</b> (rest or exertion)</li> <li>• <b>Edema</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Response to:</b> meds (antibiotics, nebs, etc.)</li> <li>• <b>O<sub>2</sub></b></li> <li>• <b>Mobility</b></li> <li>• <b>Appetite</b></li> <li>• <b>Elimination</b></li> <li>• <b>Complaints/Comfort</b></li> </ul> |
| Skin Condition   |  | Fluid or Electrolyte Disorder  |   | UTI   |   |
| <ul style="list-style-type: none"> <li>• <b>Orientation</b></li> <li>• <b>Vital signs</b></li> <li>• <b>Describe area:</b> size, color, sensitivity, movement, skin integrity, drainage, pain.</li> </ul>  | <ul style="list-style-type: none"> <li>• <b>Response to:</b> meds/treatments (antibiotics, dressing changes, etc.)</li> <li>• <b>Complaints/Comfort</b></li> </ul>                                   | <ul style="list-style-type: none"> <li>• <b>Orientation</b></li> <li>• <b>Vital signs</b></li> <li>• <b>Orthostats</b></li> <li>• <b>Weight</b></li> <li>• <b>Mobility</b></li> <li>• <b>Appetite</b></li> <li>• <b>I/O</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>Response to:</b> hydration (IVF)</li> <li>• <b>Elimination</b></li> <li>• <b>Complaints/Comfort</b></li> </ul>  | <ul style="list-style-type: none"> <li>• <b>Orientation</b></li> <li>• <b>Vital signs</b></li> <li>• <b>Mobility</b></li> <li>• <b>Appetite</b></li> <li>• <b>Elimination</b></li> <li>• <b>I/O</b></li> </ul>  | <ul style="list-style-type: none"> <li>• <b>Response to:</b> meds (antibiotics, etc.)</li> <li>• <b>Complaints/Comfort</b></li> </ul>   |

## New Payment Codes for the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents

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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