Patient Name: _____

OPTIMISTIC Provider Certification Guide

Use these steps to certify a resident for the OPTIMISTIC clinical demonstration payment under one of the six qualifying diagnoses:

1. Ensure that the resident is eligible for the OPTIMISTIC payment model.
2. Use the 6 Condition Diagnostic Checklist & Billing Form (see reverse) to determine if resident meets criteria for one of the 6 conditions.
3. Billing:

If you plan to bill the G Code	• You must be an OPTIMISTIC approved provider o If you are unsure if you are an OPTIMISTIC-approved provider and/or would like to become one, please reach out to your facility Executive Director • Your visit must be in person and should be within 2 days of the original change in condition • You must document a full progress note in the nursing facility medical record • Reimbursement for the visit is $205 for Physician and $174 for NPs and PAs • If one of the 6 conditions is suspected but does not meet criteria, you can still bill for the visit.
If you do NOT plan to bill the G Code	• Your visit must be in person and should be within 2 days of the original change in condition • Progress note must be in nursing facility medical record to establish an in-person visit occurred • You can still bill a normal visit using E & M Codes (not the G Code)

More information can be found at our website: http://optimistic-care.org/
For direct questions about this process, please contact our Medical Director: Dr. Monica Ott, 317-310-7996 (pager)

Documentation

(OPTIONAL – If you document a progress note in the EMR or on another form, you do not need to document here)

Hx:

PE:

Labs/ Imaging:

A/P:

Provider Signature: Date:

Patient Name:_____

☐ Resident is NOT enrolled in OPTIMISTIC→STOP—patient not eligible.

☐ Resident is currently receiving hospice benefit.→STOP—patient not eligible.

Acute Condition	Qualifying Diagnosis Criteria (check those that apply)
Pneumonia (up to 7 days)	**One or more of the following:** ☐ 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 ☐ O2 saturation level ≤ 92% on room air or on usual O2 settings in patients with chronic O2 requirements. ☐ Respiratory rate ≥ 24 breaths/minute ☐ Evidence of focal pulmonary consolidation on exam including rales, rhonchi, decreased breath sounds, or dullness to percussion.
CHF exacerbation (up to 7 days)	**One or more of the following:** ☐ Chest X-ray confirmation of a ***new*** pulmonary congestion, edema, or bilateral pleural effusions, **OR Two or more of the following:** ☐ O2 sat level ≤ 92% on room air or on usual oxygen settings in patients with chronic O2 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/1.73m^2) ☐ Weight gain of 3 lbs. or more in one day or 5 lbs. in one week.
Skin Infection (up to 7 days)	☐ 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. **AND One or more of the following:** ☐ Fever ≥ 100^0 F (oral) or two degrees above baseline ☐ White blood cell count ≥ 12,000
Fluid/ Electrolyte Disorder (up to 5 days)	**MUST have:** ☐ 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% of average intake over 3 consecutive days ☐ New onset systolic BP ≤ 100 mmHg (lying, sitting or standing) ☐ 20% increase in BUN (e.g. from 20 to 24) OR 20% increase in serum creatinine- (e.g. from 1.0 to 1.2) ☐ Sodium ≥ 145 or ≤ 135 ☐ Orthostatic drop in systolic BP of 20 mmHg going from supine to sitting or standing.
COPD/Asthma Exacerbation (up to 7 days)	**MUST have:** ☐ Known diagnosis of COPD/asthma OR chest x-ray showing COPD with hyperinflated lungs and no infiltrates **AND Two or more of the following:** ☐ New or worsening: wheezing, cough, shortness of breath, or increased sputum production ☐ O2 sat level ≤ 92% on room air or on patient's usual O2 settings in patients with chronic O2 requirements. ☐ Acute reduction in Peak Flow or FEV1 on spirometry ☐ Respiratory rate ≥ 24 breaths/minute
Urinary Tract Infection (up to 7 days)	**MUST have:** ☐ ≥ 100,000 colonies of bacteria growing in urine with no more than 2species of microorganisms. **AND One or more of the following:** ☐ Fever ≥ 100°F (oral) or two degrees above baseline ☐ Peripheral WBC count ≥ 12,000 ☐In the case of catheter-associated UTI's, acute back pain, flank pain, epididymis pain, purulent exudate from catheter insertion site, or prostate pain. ☐ Symptoms: dysuria, new or increased urinary frequency, new or increased urinary incontinence, gross hematuria, or acute costovertebral angle pain or tenderness

I certify that this patient *(circle)*: **does / does not meet the criteria for one of the six qualifying conditions listed above.**

Provider Signature: _____ **Certifying Date:** _____

***Billing Code** (circle): **G9685** ***Only OPTIMISTIC approved providers may submit this billing code.**

Non-OPTIMISTIC providers may certify resident condition for facility billing, but may not use this billing code for the assessment visit.