OPTIMISTIC
TRANSFORMING CARE

2019 Clinical Criteria Changes

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The OPTIMISTIC Project is a long term care quality initiative of the Indiana University Center for Aging Research, Regenstrief Institute, Indiana University Division of General Internal Medicine and Geriatrics, and the University of Indianapolis Center for Aging & Community. Funding is provided through the Centers for Medicare and Medicaid Services.
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Pneumonia

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 breathe 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.

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
- Oxygen saturation level ≤ 92% on room air or on usual O_2 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

Symptomatic guidance: Productive cough, increased functional decline, increase dependence in ADLS, reduced oral intake, or increased lethargy, dyspnea.

Confirmation: Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.

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

Pneumonia Case

- 78 yo female with new onset cough.
- T 100F, HR 90, RR 24, BP 110/80, O2 93% RA
- Exam: RLL crackles, heart regular, no edema
- CXR pending

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- CXR pending

Heart Failure

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

Congestive Heart Failure

Qualifying Diagnosis:

- Chest X-ray confirmation of a *new* pulmonary congestion, edema, or bilateral pleural effusions

OR TWO or more of the following:

- Oxygen saturation level ≤ 92% on room air or on usual O^2 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

Symptomatic Guidance: 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.

Confirmation: Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.

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

Heart Failure Case

- 85 yo male with history for HFrEF with increased LE edema x1 day. Weight is up 3 pounds overnight.
- Vitals: T 97.6, HR 78, RR 18, BP 110/75, O2 95% 2L (baseline)
- Exam: RRR, +JVD, 2+BLE edema (increased from 1+ last week), fine crackles in bilateral lower lobes.

Heart Failure Case

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- Vitals: T 97.6, HR 78, RR 18, BP 110/75, O2 95% 2L (baseline)
- Exam: RRR, +JVD, 2+BLE edema (increased from 1+ last week), fine crackles in bilateral lower lobes.

COPD/Asthma

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

COPD/Asthma

Qualifying Diagnosis:

- 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 sputum production
- Oxygen saturation level ≤ 92% on room air or on usual O^2 settings in patients with chronic oxygen requirements
- Acute reduction in Peak Flow or FEV1 on spirometry
- Respiratory rate ≥ 24 breaths/minute

Confirmation: Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.

Treatment: Increased Bronchodilator therapy, usually with a nebulizer, IV or oral steroids, oxygen, and sometimes antibiotics.

Maximum Benefit Period: 7 days

COPD/Asthma case

- 76 yo female with history of COPD presents with increased cough and dyspnea for 2 days.
- Vitals T 97.5, HR 80, RR 24, BP 112/65, 02 92% 2L (Baseline 95% on 2L)
- Exam: diffuse expiratory wheezing with scatter rhonchi. Slight increased work of breathing.

COPD/Asthma case

- 76 yo female with history of COPD presents with increased cough and dyspnea for 2 days.
- Vitals T 97.5, HR 80, RR 24, BP 112/65, 02 92% 2L (Baseline 95% on 2L)
- Exam: diffuse expiratory wheezing with scatter rhonchi. Slight increased work of breathing.

Skin Infection

Skin Infection

Qualifying Diagnosis:

- New onset of painful, *warm and/or swollen*/indurated skin infection requiring oral or parenteral antibiotic or antiviral 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

Skin Infection

Qualifying Diagnosis:

- 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 two:

- Fever ≥ 100° F (oral) or two degrees above baseline
- White blood cell count ≥ 12,000

Confirmation: Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.

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) or antiviral therapy.

Maximum Benefit Period: 7 days

Skin Infection Case

- 78 yo female with new onset swelling, warmth, and induration of right leg.
- T 99.2, HR 91, RR 20, BP 126/85, O2 98% RA
- Right leg with 6x8 cm erythematous patch over lateral distal lower extremity, tender to light touch, warm, +induration, no exudates.

Skin Infection (continued)

- Patient started on cephalexin for presumed cellulitis.
- CBC returns with WBC 13,000.

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Skin Infection (continued)

- Patient started on cephalexin for presumed cellulitis.
- CBC returns with WBC 13,000.

Fluid or Electrolyte Disorder

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 ≤ 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 ≥ 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

Fluid or Electrolyte Disorder

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 ≤ 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 ≥ 145 or ≤ 135
- Orthostatic drop in systolic BP of 20 mmHg or more going from supine to sitting or standing.

Confirmation: Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.

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

Fluid/Electrolyte Disorder Case

- 95 yo male with dementia and 2 day seen for 1 day history of vomiting and diarrhea.
- Not eating well for last 24 hours.
- Vitals: T 98.8, HR 98, RR 20, BP 95/50 (usually 120s/60s), O2 95% RA
- Exam: fatigued, mucous membranes dry. Abd with mild tenderness.

Fluid/Electrolyte Disorder Case (continued)

- Labs: Na 135, K3.2, BUN 26 (baseline 24), Cr 1.1 (baseline 1.0)

Fluid/Electrolyte Disorder Case

- 95 yo male with dementia and 2 day seen for 1 day history of vomiting and diarrhea.
- Not eating well for last 24 hours.
- Vitals: T 98.8, HR 98, RR 20, BP 95/50 (usually 120s/60s), O2 95% RA
- Exam: fatigued, mucous membranes dry. Abd with mild tenderness.

Fluid/Electrolyte Disorder Case (continued)

- Labs: Na 135, K3.2, BUN 26 (baseline 24), Cr 1.1 (baseline 1.0)

Urinary Tract Infection

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

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 ≥ 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

Symptomatic Guidance: Dysuria, frequency, new incontinence, hematuria, CVA tenderness.

Confirmation: Must include an in-person evaluation by a practitioner or a qualifying telemedicine assessment with minimum system requirements as determined by CMS.

Treatment: 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.

Maximum Benefit Period: 7 days

Urinary Tract Infection Case

- 72 yo wf with dementia seen for increased agitation and fall. UA sent by on-call provider for agitation.
- T 98.1, HR 75, RR 16, BP 120/80, O2 99% RA
- Gen: NAD but irritable.
- Abd: soft, nontender, no CVA tenderness

Urinary Tract Infection Case (continued)

- UA: +LE, +nitrites
- Culture: >100,000 CFU E coli, 50,000 CFU proteus, additional nonsignificant mixed flora

Urinary Tract Infection Case

- 72 yo wf with dementia seen for increased agitation and fall. UA sent by on-call provider for agitation.
- T 98.1, HR 75, RR 16, BP 120/80, O2 99% RA
- Gen: NAD but irritable.
- Abd: soft, nontender, no CVA tenderness

Urinary Tract Infection Case (continued)

- UA: +LE, +nitrites
- Culture: >100,000 CFU E coli, 50,000 CFU proteus, additional nonsignificant mixed flora

Current Criteria

Purpose	*Description*	*Practitioner Clinical Criteria*
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.	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.

New Criteria

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.	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.

Current Criteria

Nursing Facility Conference	Participation in an onsite nursing facility conference with the resident and/or resident's representative, 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.	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); and • 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 acute change in condition should be documented in the beneficiary's chart. Maximum Benefit Period: The code can be billed only once per year. Exception: The code can also be billed within 14 days of a significant change in condition that increases the likelihood of a hospital admission, even if the code had already been billed less than one year previously; in this case, a Significant Change in Status Assessment is required.

New Criteria:

This code has been removed entirely.

Questions?