MDS 3.0 SECTION O

Special Treatments, Procedures and Programs

Section O: Special Treatments, Procedures and Programs

- Intent:
  - The intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received or performed during the specified time periods.
- O0110: Special Treatments, Procedures, and Programs
  - Facilities may code treatments, programs and procedures that the resident performed themselves independently or after set-up by facility staff.
  - Do not code services that were provided solely in conjunction with a surgical procedure or diagnostic procedure, such as IV medications or ventilators. Surgical procedures include routine pre- and post-operative procedures.

Special Treatments, Procedures and Programs

O0110. Special Treatments, Procedures, and Programs
Check all of the following treatments, procedures, and programs that were performed

a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B b. While a Resident Performed ***while a resident*** of this facility and within the ***last 14 days*** c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	a. On Admission	b. While a Resident	c. At Discharge
	Check all that apply ↓	↓	↓
Cancer Treatments			
A1. Chemotherapy	☐	☐	☐
A2. IV	☐		☐
A3. Oral	☐		☐
A10. Other	☐		☐
B1. Radiation	☐	☐	☐

Special Treatments, Procedures and Programs

O0110. Special Treatments, Procedures, and Programs
Check all of the following treatments, procedures, and programs that were performed

a. On Admission
Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
b. While a Resident
Performed ***while a resident*** of this facility and within the ***last 14 days***
c. At Discharge
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

Respiratory Treatments	a. On Admission	b. While a Resident	c. At Discharge
	Check all that apply		
C1. Oxygen therapy	☐	☐	☐
C2. Continuous	☐		☐
C3. Intermittent	☐		☐
C4. High-concentration	☐		☐
D1. Suctioning	☐	☐	☐
D2. Scheduled	☐		☐
D3. As needed	☐		☐
E1. Tracheostomy care	☐	☐	☐
F1. Invasive Mechanical Ventilator (ventilator or respirator)	☐	☐	☐
G1. Non-invasive Mechanical Ventilator	☐	☐	☐
G2. BiPAP	☐		☐
G3. CPAP	☐		☐

Special Treatments, Procedures and Programs

O0110. Special Treatments, Procedures, and Programs
Check all of the following treatments, procedures, and programs that were performed

a. On Admission
Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
b. While a Resident
Performed ***while a resident*** of this facility and within the ***last 14 days***
c. At Discharge
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

	a. On Admission	b. While a Resident	c. At Discharge
	Check all that apply		
Other			
H1. IV Medications	☐	☐	☐
H2. Vasoactive medications	☐		☐
H3. Antibiotics	☐		☐
H4. Anticoagulant	☐		☐
H10. Other	☐		☐
I1. Transfusions	☐	☐	☐
J1. Dialysis	☐	☐	☐
J2. Hemodialysis	☐		☐
J3. Peritoneal dialysis	☐		☐
K1. Hospice care		☐	
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)		☐	
O1. IV Access	☐	☐	☐
O2. Peripheral	☐		☐
O3. Midline	☐		☐
O4. Central (e.g., PICC, tunneled, port)	☐		☐
None of the Above			
Z1. None of the above	☐	☐	☐

Item Rationale

- Health-related Quality of Life
  - The treatments, procedures, and programs listed in Item O0110, Special Treatments, Procedures, and Programs, can have a profound effect on an individual's health status, self-image, dignity, and quality of life.
- Planning for Care
  - Reevaluation of special treatments and procedures the resident received or performed, or programs that the resident was involved in during the 14-day look-back period is important to ensure the continued appropriateness of the treatments, procedures, or programs.
  - Residents who perform any of the treatments, programs, and/or procedures below should be educated by the facility on the proper performance of these tasks, safety and use of any equipment needed, and be monitored for appropriate use and continued ability to perform these tasks

Steps for Assessment

- 1. Review the resident's medical record to determine whether or not the resident received or performed any of the treatments, procedures, or programs within the assessment period defined for each column.
  - Column a. On Admission: Check all treatments, procedures, and programs received by, performed on, or participated in by the resident **on days 1–3 of the SNF PPS Stay** starting with A2400B.
  - If no treatments, procedures, or programs were received or performed in the 3-day assessment period, check Z, None of the above.

Steps for Assessment

- 1. Review the resident's medical record to determine whether or not the resident received or performed any of the treatments, procedures, or programs within the assessment period defined for each column.
  - Column b. While a Resident: Check all treatments, procedures, and programs that the resident received or performed after admission/entry or reentry to the facility and within the last 14 days.
    - If no treatments, procedures or programs were received by, performed on, or participated in by the resident within the last 14 days or since admission/entry or reentry, check Z, None of the above.
  - Column c. At Discharge: Check all treatments, procedures, and programs received by, performed on, or participated in by the resident **in the last 3 days of the SNF PPS Stay** ending with A2400C.
    - If no treatments, procedures or programs were received by, performed on, or participated in by the resident in the 3-day assessment period, check Z, None of the above

General Coding Tips

- Facilities may code treatments, programs and procedures that the resident performed themselves independently or after set-up by facility staff.
- Do not code services that were provided solely in conjunction with a surgical procedure or diagnostic procedure, such as IV medications or ventilators. Surgical procedures include routine pre- and post-operative procedures.

Cancer Treatments

- O0110A1, Chemotherapy
  - Code any type of chemotherapy agent administered as an antineoplastic given by any route in this item.
  - Each medication should be evaluated to determine its reason for use before coding it here.
  - Medications coded here are those actually used for cancer treatment.
    - For example, megestrol acetate is classified as an antineoplastic drug. One of its side effects is appetite stimulation and weight gain. If megestrol acetate is being given only for appetite stimulation, do not code it as chemotherapy in this item, as the resident is not receiving the medication for chemotherapy purposes in this situation.
  - IVs, IV medication, and blood transfusions administered during chemotherapy are not recorded under items K0520A (Parenteral/IV), O0110H (IV Medications), or O0110I (Transfusions).

Cancer Treatments

- O0110A1, Chemotherapy, continued
  - Hormonal and other agents administered to prevent the recurrence or slow the growth of cancer should not be coded in this item, as they are not considered chemotherapy for the purpose of coding the MDS.
    - Example: Resident J was diagnosed with estrogen receptor–positive breast cancer and was treated with chemotherapy and radiation. After their cancer treatment, Resident J was prescribed tamoxifen (a selective estrogen receptor modulator) to decrease the risk of recurrence and/or decrease the growth rate of cancer cells. Since the hormonal agent is being administered to decrease the risk of cancer recurrence, it cannot be coded as chemotherapy.
  - Coded if performed in the last 14 days while a resident on all assessment types

Cancer Treatments

- O0110A2, IV: Check if chemotherapy was administered intravenously. (Only for SNF PPS)
- O0110A3, Oral: Check if chemotherapy was administered orally (e.g., pills, capsules, or liquids the patient swallows). This sub-element also applies if the chemotherapy is administered through a feeding tube/PEG (i.e., enterally). (Only for SNF PPS)
- O0110A10, Other: Check if chemotherapy was given in a way other than intravenously or orally (e.g., intramuscular, intraventricular/intrathecal, intraperitoneal, or topical routes).(Only for SNF PPS)
- O0110B1, Radiation: Code intermittent radiation therapy, as well as radiation administered via radiation implant in this item. Coded if performed during the last 14 days while a resident on all assessment types

Respiratory Treatments

- O0110C1, Oxygen therapy: Code continuous or intermittent oxygen administered via mask, cannula, etc., delivered to a resident to relieve hypoxia in this item.
  - Code oxygen used in Bi-level Positive Airway Pressure/Continuous Positive Airway Pressure (BiPAP/CPAP) here.
  - Do not code hyperbaric oxygen for wound therapy in this item. This item may be coded if the resident places or removes their own oxygen mask, cannula.
  - Coded if performed during the last 14 days while a resident on all assessment types
- O0110C2, Continuous Check if oxygen therapy was continuously delivered for 14 hours or greater per day. (Only SNF PPS)
- O0110C3, Intermittent Check if oxygen therapy was intermittent (i.e., not delivered continuously for at least 14 hours per day). (Only SNF PPS)
- O0110C4, High-concentration Check if oxygen therapy was provided via a high-concentration delivery system (Only SNF PPS)

Respiratory Treatments

- High Concentration:
  - A high-concentration oxygen delivery system is one that delivers oxygen at a concentration that exceeds a fraction of inspired oxygen FiO2 of 40% (i.e., exceeding that of simple low-flow nasal cannula at a flow rate of 4 liters per minute).
  - A high-concentration delivery system can include either high- or low-flow systems (e.g., simple face masks, partial and nonrebreather masks, face tents, venturi masks, aerosol masks, and high-flow cannula or masks).
  - These devices may also include invasive mechanical ventilators, non-invasive mechanical ventilators, or trach masks, if the delivered FiO2 of these systems exceeds 40%.
  - Oxygen-conserving nasal cannula systems with reservoirs (e.g., mustache, pendant) should be included only if they are used to deliver an FiO2 of greater than 40%.
  - Only coded on SNF PPS 5-day or End of Part A stay

Respiratory Treatments

- O0110D1, Suctioning: Code only tracheal and/or nasopharyngeal suctioning in this item.
  - Do not code oral suctioning here.
  - This item may be coded if the resident performs their own tracheal and/or nasopharyngeal suctioning.
  - Coded if performed within the last 14 days while a resident on all assessments
- O0110D2, Scheduled: Check if suctioning was scheduled.
  - Scheduled suctioning is performed when the resident is assessed as clinically benefiting from regular interventions, such as every hour or once per shift. Scheduled suctioning applies to medical orders for performing suctioning at specific intervals and/or implementation of facility-based clinical standards, protocols, and guidelines. (Only SNF PPS)
- O0110D3, As needed: Check if suctioning was performed on an as-needed basis, as opposed to at regular scheduled intervals
  - such as when secretions become so prominent that gurgling or choking is noted or a sudden desaturation occurs from a mucus plug. (Only SNF PPS)

Respiratory Treatments

- O0110E1, Tracheostomy care: Code cleansing of the tracheostomy and/or cannula in this item. Code if performed in the last 14 days while a resident on all assessment types.
  - This item may be coded if the resident performs their own tracheostomy care. This item includes laryngectomy tube care.
- O0110F1, Invasive Mechanical Ventilator (ventilator or respirator): Code any type of electrically or pneumatically powered closed-system mechanical ventilator support device that ensures adequate ventilation in the resident who is or who may become (such as during weaning attempts) unable to support their own respiration in this item. Code if performed in the last 14 days while a resident on all assessment types.
  - During invasive mechanical ventilation the resident's breathing is controlled by the ventilator.
  - Residents receiving closed-system ventilation include those residents receiving ventilation via an endotracheal tube (e.g., nasally or orally intubated) or tracheostomy.
  - A resident who has been weaned off of a respirator or ventilator in the last 14 days or is currently being weaned off a respirator or ventilator, should also be coded here.
  - Do not code this item when the ventilator or respirator is used only as a substitute for BiPAP or CPAP.

Respiratory Treatments

- O0110G1, Non-invasive Mechanical Ventilator: Code any type of CPAP or BiPAP respiratory support devices that prevent airways from closing by delivering slightly pressurized air through a mask or other device continuously or via electronic cycling throughout the breathing cycle. Code on all assessment types if performed in the last 14 days while a resident
  - The BiPAP/CPAP mask/device enables the individual to support their own spontaneous respiration by providing enough pressure when the individual inhales to keep their airways open, unlike ventilators that "breathe" for the individual.
  - If a ventilator or respirator is being used as a substitute for BiPAP/CPAP, code here. This item may be coded if the resident places or removes their own BiPAP/CPAP mask/device.
- O0110G2, BiPAP Check if the non-invasive mechanical ventilator support was BiPAP. (Only SNF PPS)
- O0110G3, CPAP Check if the non-invasive mechanical ventilator support was CPAP. (Only SNF PPS)

Other

O0110H1, IV medications: Code any drug or biological given by intravenous push, epidural pump, or drip through a central or peripheral port in this item. Coded on all assessments if performed in the last 14 days while a resident.

- Do not code flushes to keep an IV access port patent, or IV fluids without medication here.
- Epidural, intrathecal, and baclofen pumps may be coded here, as they are similar to IV medications in that they must be monitored frequently and they involve continuous administration of a substance.
- Subcutaneous pumps are not coded in this item.
- Do not include IV medications of any kind that were administered during dialysis or chemotherapy.
- Lactated Ringers given IV is not considered a medication and should not be coded here.

Other

- O0110H2, Vasoactive medications: Check when at least one of the IV medications was an IV vasoactive medication. (Only SNF PPS)
- O0110H3, Antibiotics: Check when at least one of the IV medications was an IV antibiotic. (Only SSNF PPS)
- O0110H4, Anticoagulation: Check when at least one of the IV medications was an IV anticoagulant. (Only SNF PPS)
  - Do not include subcutaneous administration of anticoagulant medications.
- O0110H10, Other: Check when at least one of the IV medications was not an IV vasoactive medication, IV antibiotic, or IV anticoagulant. (Only SNF PPS)
  - Examples include IV analgesics (e.g., morphine) and IV diuretics (e.g., furosemide).

Other

- O0110I1, Transfusions: Code transfusions of blood or any blood products (e.g., platelets, synthetic blood products), that are administered directly into the bloodstream in this item.
  - Do not include transfusions that were administered during dialysis or chemotherapy.
- O0110J1, Dialysis: Code peritoneal or renal dialysis which occurs at the nursing home or at another facility,
  - Record treatments of hemofiltration, Slow Continuous Ultrafiltration (SCUF), Continuous Arteriovenous Hemofiltration (CAVH), and Continuous Ambulatory Peritoneal Dialysis (CAPD) in this item.
  - IVs, IV medication, and blood transfusions administered during dialysis are considered part of the dialysis procedure and are not to be coded under items K0520A (Parenteral/IV), O0110H (IV medications), or O0110I (transfusions).
  - This item may be coded if the resident performs their own dialysis

Other

- O0110J2, Hemodialysis: Check when the dialysis was hemodialysis. (Only SNF PPS)
  - In hemodialysis the patient's blood is circulated directly through a dialysis machine that uses special filters to remove waste products and excess fluid from the blood. –
- O0110J3, Peritoneal dialysis: Check when the dialysis was peritoneal dialysis. (Only SNF PPS)
  - In peritoneal dialysis, dialysate is infused into the peritoneal cavity and the peritoneum (the membrane that surrounds many of the internal organs of the abdominal cavity) serves as a filter to remove the waste products and excess fluid from the blood.

Other

- O0110K1, Hospice care: Code residents identified as being in a hospice program for terminally ill persons where an array of services is provided for the palliation and management of terminal illness and related conditions.
  - The hospice must be licensed by the state as a hospice provider and/or certified under the Medicare program as a hospice provider
- O0110M1, Isolation for active infectious disease (does not include standard precautions): Code only when the resident requires transmission-based precautions and single room isolation (alone in a separate room) because of active infection (i.e., symptomatic and/or have a positive test and are in the contagious stage) with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
  - Do not code this item if the resident only has a history of infectious disease (e.g., s/p MRSA or s/p C-Diff - no active symptoms).
  - Do not code this item if the precautions are standard precautions, because these types of precautions apply to everyone. Standard precautions include hand hygiene compliance, glove use, and additionally may include masks, eye protection, and gowns.
  - Examples of when the isolation criterion would not apply include urinary tract infections, encapsulated pneumonia, and wound infections.

Other

- Code for “single room isolation” only when all of the following conditions are met:
  - 1. The resident has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
  - 2. Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.
  - 3. The resident is in a room alone because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.
  - 4. The resident must remain in their room. This requires that all services be brought to the resident (e.g. rehabilitation, activities, dining, etc.).

Other

- O0110O1, IV Access: Code IV access, which refers to a catheter inserted into a vein for a variety of clinical reasons, including long-term medication administration, large volumes of blood or fluid, frequent access for blood samples, intravenous fluid administration, total parenteral nutrition (TPN), or, in some instances, the measurement of central venous pressure. Code on all assessments when performed during the last 14 days while a resident.
- O0110O2, Peripheral Check when IV access was peripheral access (catheter is placed in a peripheral vein) and remains peripheral. (Only SNF PPS)
- O0110O3, Midline Check when IV access was midline access. Midline catheters are inserted into the antecubital (or other upper arm) vein and do not reach all the way to a central vein such as the superior vena cava. (Only SNF PPS)
- O0110O4, Central (e.g., PICC, tunneled, port) Check when IV access was centrally located (e.g., PICC, tunneled, port) (Only SNF PPS)

Examples

- 1. Resident R, who was admitted five days ago, has advanced prostate cancer and is receiving radiation and docetaxel (IV) via a port in their right upper chest to treat their prostate cancer. They were admitted to the SNF following an inpatient stay for an acute pulmonary embolism.
  - Coding: Check boxes O0110A1a (Chemotherapy, On Admission), O0110A1b (Chemotherapy, While a Resident), and O0110A2a (IV, On Admission); O0110B1a (Radiation, On Admission) and O0110B1b (Radiation, While a Resident); and O0110O1a (IV Access, On Admission), O0110O1b (IV Access, While a Resident), and O0110O4a (Central, On Admission).
  - Rationale: The resident received intravenous therapy via a port (i.e., a central line in their right upper chest) and radiation during their first three days of their SNF PPS stay and while a resident.

Examples

- 2. Resident M was admitted to the SNF for rehabilitation following cardiac surgery three weeks ago. They have sleep apnea and require a CPAP device nightly. While in the SNF, the staff set up the humidifier element of the CPAP, and Resident M put on the CPAP mask prior to falling asleep each night through their discharge to home.
  - Coding: Check boxes O0110G1b (Non-invasive Mechanical Ventilator, While a Resident), O0110G1c (Non-invasive Mechanical Ventilator, At Discharge), and O0110G3c (CPAP, On Discharge).
  - Rationale: Resident M can breathe on their own but requires CPAP while sleeping to manage their sleep apnea. CPAP was used while a resident, including during the three day discharge assessment period.

Examples

- 3. Resident D was admitted 10 days ago to the SNF for rehabilitation following spinal surgery. They have sleep apnea and require a CPAP device while sleeping. The staff set-up the water receptacle and humidifier element of the machine. Each night since admission, Resident D puts on the CPAP mask and starts the machine prior to falling asleep.
  - Coding: Check O0110G1a (Non-invasive Mechanical Ventilator, On Admission), O0110G1b (Non-invasive Mechanical Ventilator, While a Resident) and O0110G3a (CPAP, On Admission).
  - Rationale: Resident D can breathe on their own but requires CPAP while sleeping to manage their sleep apnea. CPAP was used while a resident, including during the three-day admission assessment period.

Vaccines

O0250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period

Enter Code ☐

A. Did the **resident receive the influenza vaccine *in this facility*** for this year's influenza vaccination season?

0. **No** → Skip to O0250C, If influenza vaccine not received, state reason
1. **Yes** → Continue to O0250B, Date influenza vaccine received

B. Date influenza vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

Enter Code ☐

C. If influenza vaccine not received, state reason:

1. **Resident not in this facility** during this year's influenza vaccination season
2. **Received outside of this facility**
3. **Not eligible** - medical contraindication
4. **Offered and declined**
5. **Not offered**
6. **Inability to obtain influenza vaccine** due to a declared shortage
9. **None of the above**

O0300. Pneumococcal Vaccine

Enter Code ☐

A. Is the resident's Pneumococcal vaccination up to date?

0. **No** → Continue to O0300B, If Pneumococcal vaccine not received, state reason
1. **Yes** → Skip to O0400, Therapies

Enter Code ☐

B. If Pneumococcal vaccine not received, state reason:

1. **Not eligible** - medical contraindication
2. **Offered and declined**
3. **Not offered**

O0400: Therapies

- Item Rationale
  - Health-related Quality of Life
    - Maintaining as much independence as possible in activities of daily living, mobility, and communication is critically important to most people. Functional decline can lead to depression, withdrawal, social isolation, breathing problems, and complications of immobility, such as incontinence and pressure ulcers/injuries, which contribute to diminished quality of life. The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of, the therapy services provided to residents.
    - Rehabilitation (i.e., via Speech-Language Pathology Services and Occupational and Physical Therapies) and respiratory, psychological, and recreational therapy can help residents to attain or maintain their highest level of well-being and improve their quality of life

O0400: Therapies

- Item Rationale
  - Planning for Care
    - Code only medically necessary therapies that occurred after admission/readmission to the nursing home that were
      - (1) ordered by a physician (physician's assistant, nurse practitioner, and/or clinical nurse specialist) based on a qualified therapist's assessment (i.e., one who meets Medicare requirements or, in some instances, under such a person's direct supervision) and treatment plan,
      - (2) documented in the resident's medical record, and
      - (3) care planned and periodically evaluated to ensure that the resident receives needed therapies and that current treatment plans are effective.
      - Therapy treatment may occur either inside or outside of the facility

O0400: Therapies

- Steps for Assessment
  - 1. Review the resident's medical record (e.g., rehabilitation therapy evaluation and treatment records, recreation therapy notes, mental health professional progress notes), and consult with each of the qualified care providers to collect the information required for this item.
- Coding Instructions for Speech-Language Pathology and Audiology Services and Occupational and Physical Therapies
  - Individual minutes—Enter the total number of minutes of therapy that were provided on an individual basis in the last 7 days. Enter 0 if none were provided.
    - Individual services are provided by one therapist or assistant to one resident at a time

O0400: Therapies

- Coding Instructions for Speech-Language Pathology and Audiology Services and Occupational and Physical Therapies, continued
  - Concurrent minutes—Enter the total number of minutes of therapy that were provided on a concurrent basis in the last 7 days. Enter 0 if none were provided.
    - Concurrent therapy is defined as the treatment of 2 residents at the same time, when the residents are not performing the same or similar activities, regardless of payer source, both of whom must be in line-of-sight of the treating therapist or assistant for Medicare Part A.
    - When a Part A resident receives therapy that meets this definition, it is defined as concurrent therapy for the Part A resident regardless of the payer source for the second resident.
    - For Part B, residents may not be treated concurrently: a therapist may treat one resident at a time, and the minutes during the day when the resident is treated individually are added, even if the therapist provides that treatment intermittently (first to one resident and then to another). For all other payers, follow Medicare Part A instructions.

O0400: Therapies

- Coding Instructions for Speech-Language Pathology and Audiology Services and Occupational and Physical Therapies, continued
  - Group minutes—Enter the total number of minutes of therapy that were provided in a group in the last 7 days. Enter 0 if none were provided.
    - Group therapy is defined for Part A as the treatment of two to six residents, regardless of payer source, who are performing the same or similar activities, and are supervised by a therapist or an assistant who is not supervising any other individuals.
    - For Medicare Part B, treatment of two patients (or more), regardless of payer source, at the same time is documented as group treatment. For all other payers, follow Medicare Part A instructions

O0400: Therapies

- Coding Instructions for Speech-Language Pathology and Audiology Services and Occupational and Physical Therapies, continued
  - Co-treatment minutes—Enter the total number of minutes each discipline of therapy was administered to the resident in co-treatment sessions in the last 7 days. Skip the item if none were provided. See page O-27 for definitions.
  - Days—Enter the number of days therapy services were provided in the last 7 days.
    - A day of therapy is defined as skilled treatment for 15 minutes or more during the day.
    - Use total minutes of therapy provided (individual plus concurrent plus group), without any adjustment, to determine if the day is counted.
    - Enter 0 if therapy was provided but for less than 15 minutes every day for the last 7 days. If the total number of minutes (individual plus concurrent plus group) during the last 7 days is 0, skip this item and leave blank.

O0400: Therapies

- Coding Instructions for Speech-Language Pathology and Audiology Services and Occupational and Physical Therapies, continued
  - Therapy Start Date—Record the date the most recent therapy regimen (since the most recent entry/reentry) started.
    - This is the date the initial therapy evaluation is conducted regardless if treatment was rendered or not or the date of resumption, in cases where the resident discontinued and then resumed therapy.
  - Therapy End Date—Record the date the most recent therapy regimen (since the most recent entry) ended.
    - This is the last date the resident received skilled therapy treatment.
    - Enter dashes if therapy is ongoing.

O0400: Therapies

- Coding Instructions for Respiratory, Psychological, and Recreational Therapies
  - Total Minutes—Enter the actual number of minutes therapy services were provided in the last 7 days.
    - Enter 0 if none were provided.
  - Days—Enter the number of days therapy services were provided in the last 7 days.
    - A day of therapy is defined as treatment for 15 minutes or more in the day.
    - Enter 0 if therapy was provided but for less than 15 minutes every day for the last 7 days. If the total number of minutes during the last 7 days is 0, skip this item and leave blank

O0400: Therapies

- There are numerous details provided regarding the coding of therapy services, the coder should become familiar with these details, which can be found on pages O-23 through o-33

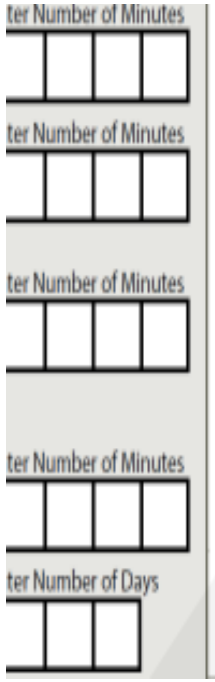
O0425: Part A Therapies

- Except in the case of an interrupted stay, code only medically necessary therapies that occurred after admission/readmission to the nursing home that were
  - (1) ordered by a physician (physician's assistant, nurse practitioner, and/or clinical nurse specialist as allowable under state licensure laws) based on a qualified therapist's assessment (i.e., one who meets Medicare requirements or, in some instances, under such a person's direct supervision) and treatment plan,
  - (2) documented in the resident's medical record, and
  - (3) care planned and periodically evaluated to ensure that the resident receives needed therapies and that current treatment plans are effective.
  - Therapy treatment may occur either inside or outside of the facility.
- In the case of an interrupted stay, code medically necessary therapies that occurred during the entire current Medicare Part A PPS stay that meet the above-noted criteria.

O0425: Part A Therapies

- Steps for Assessment
  - 1. Complete only if A0310H (Is this a SNF Part A PPS Discharge Assessment?) = 1, Yes.
  - 2. Review the resident's medical record (e.g., rehabilitation therapy evaluation and treatment records, recreation therapy notes, mental health professional progress notes), and consult with each of the qualified care providers to collect the information required for this item.
    - NOTE: The look-back period for these items is the entire SNF Part A stay, starting at Day 1 of the Part A stay and finishing on the last day of the Part A stay.
    - Once reported on the MDS, CMS grouping software will calculate the percentage of group and concurrent therapy, combined, provided to each resident as a percentage of all therapies provided to that resident, by discipline.
    - If the combined amount of group and concurrent therapy provided, by discipline, exceeds 25 percent, then this would be deemed as non-compliance and a warning message would be received on the Final Validation Report.

O0425: Part A Therapies



1. **Individual minutes -** record the total number of minutes this therapy was administered to the resident **individually** since the start date of the resident's most recent Medicare Part A stay (A2400B)
2. **Concurrent minutes -** record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** since the start date of the resident's most recent Medicare Part A stay (A2400B)
3. **Group minutes -** record the total number of minutes this therapy was administered to the resident as **part of a group of residents** since the start date of the resident's most recent Medicare Part A stay (A2400B)

If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy

4. **Co-treatment minutes -** record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** since the start date of the resident's most recent Medicare Part A stay (A2400B)
5. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day since the start date of the resident's most recent Medicare Part A stay (A2400B)

O0430: Distinct Calendar Days of Part A Therapy

- Item Rationale:
  - To record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes during the Part A SNF stay.
- Coding Instructions:
  - Enter the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes during the SNF Part A stay (i.e., from the date in A2400B through the date in A2400C).
  - If a resident receives more than one therapy discipline on a given calendar day, this may only count for one calendar day for purposes of coding item O0430

O0500: Restorative Nursing Programs

O0500. Restorative Nursing Programs	
Record the **number of days** each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)	
Number of Days	**Technique**
☐	A. Range of motion (passive)
☐	B. Range of motion (active)
☐	C. Splint or brace assistance
Number of Days	**Training and Skill Practice In:**
☐	D. Bed mobility
☐	E. Transfer
☐	F. Walking
☐	G. Dressing and/or grooming
☐	H. Eating and/or swallowing
☐	I. Amputation/prostheses care
☐	J. Communication

O0500: Restorative Nursing Programs

- Item Rationale
  - Health-related Quality of Life
    - Maintaining independence in activities of daily living and mobility is critically important to most people.
    - Functional decline can lead to depression, withdrawal, social isolation, and complications of immobility, such as incontinence and pressure ulcers/injuries.

O0500: Restorative Nursing Programs

- Planning for Care
  - Restorative nursing program refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning.
  - A resident may be started on a restorative nursing program when they are admitted to the facility with restorative needs, but are not a candidate for formalized rehabilitation therapy, or when restorative needs arise during the course of a longer-term stay, or in conjunction with formalized rehabilitation therapy. Generally, restorative nursing programs are initiated when a resident is discharged from formalized physical, occupational, or speech rehabilitation therapy

O0500: Restorative Nursing Programs

- Steps for Assessment
  - 1. Review the restorative nursing program notes and/or flow sheets in the medical record.
  - 2. For the 7-day look-back period, enter the number of days on which the technique, training or skill practice was performed for a total of at least 15 minutes during the 24-hour period.
  - 3. The following criteria for restorative nursing programs must be met in order to code O0500:
    - Measurable objective and interventions must be documented in the care plan and in the medical record. If a restorative nursing program is in place when a care plan is being revised, it is appropriate to reassess progress, goals, and duration/frequency as part of the care planning process. Good clinical practice would indicate that the results of this reassessment should be documented in the resident's medical record.

O0500: Restorative Nursing Programs

- 3. The following criteria for restorative nursing programs must be met in order to code O0500:
  - Evidence of periodic evaluation by the licensed nurse must be present in the resident's medical record. When not contraindicated by state practice act provisions, a progress note written by the restorative aide and countersigned by a licensed nurse is sufficient to document the restorative nursing program once the purpose and objectives of treatment have been established.
  - Nursing assistants/aides must be trained in the techniques that promote resident involvement in the activity
  - This category does not include groups with more than four residents per supervising helper or caregiver.

O0500: Restorative Nursing Programs

- 3. The following criteria for restorative nursing programs must be met in order to code O0500:
  - A registered nurse or a licensed practical (vocational) nurse must supervise the activities in a restorative nursing program.
    - Sometimes, under licensed nurse supervision, other staff and volunteers will be assigned to work with specific residents.
    - Restorative nursing does not require a physician's order.
    - Nursing homes may elect to have licensed rehabilitation professionals perform repetitive exercises and other maintenance treatments or to supervise aides performing these maintenance services.
      - In situations where such services do not actually require the involvement of a qualified therapist, the services may not be coded as therapy in item O0400, Therapies or O0425, Part A Therapies, because the specific interventions are considered restorative nursing services (see item O0400, Therapies and O0425, Part A Therapies).
      - The therapist's time actually providing the maintenance service can be included when counting restorative nursing minutes.
      - Although therapists may participate, members of the nursing staff are still responsible for overall coordination and supervision of restorative nursing programs.

O0500: Restorative Nursing Programs

- Coding Instructions
  - This item does not include procedures or techniques carried out by or under the direction of qualified therapists.
  - The time provided for items O0500A-J must be coded separately, in time blocks of 15 minutes or more.
    - For example, to check Technique—Range of Motion [Passive] item O0500A, 15 or more minutes of passive range of motion (PROM) must have been provided during a 24-hour period in the last 7 days.
    - The 15 minutes of time in a day may be totaled across 24 hours (e.g., 10 minutes on the day shift plus 5 minutes on the evening shift).
    - However, 15-minute time increments cannot be obtained by combining 5 minutes of Technique—Range of Motion [Passive] item O0500A, 5 minutes of Technique— Range of Motion [Active] item O0500B, and 5 minutes of Splint or Brace Assistance item O0500C, over 2 days in the last 7 days.
  - Review for each activity throughout the 24-hour period. Enter 0, if none.

O0500: Restorative Nursing Programs

- Techniques - Activities provided by restorative nursing staff:
  - O0500A, Range of Motion (Passive) Code provision of passive movements in order to maintain flexibility and useful motion in the joints of the body. These exercises must be individualized to the resident's needs, planned, monitored, evaluated and documented in the resident's medical record.
  - O0500B, Range of Motion (Active) Code exercises performed by the resident, with cueing, supervision, or physical assist by staff that are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record. Include active ROM and active-assisted ROM

O0500: Restorative Nursing Programs

- Techniques, continued:
  - O0500C, Splint or Brace Assistance Code provision of
    - (1) verbal and physical guidance and direction that teaches the resident how to apply, manipulate, and care for a brace or splint; or
    - (2) a scheduled program of applying and removing a splint or brace.
    - These sessions are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record

O0500: Restorative Nursing Programs

- Training and Skill Practice - Activities including repetition, physical or verbal cueing, and/or task segmentation provided by any staff member under the supervision of a licensed nurse:
  - O0500D, Bed Mobility Code activities provided to improve or maintain the resident's self-performance in moving to and from a lying position, turning side to side and positioning themself in bed.
    - These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record.
  - O0500E, Transfer Code activities provided to improve or maintain the resident's self-performance in moving between surfaces or planes either with or without assistive devices.
    - These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record

O0500: Restorative Nursing Programs

- Training and Skill Practice, continued:
  - O0500F, Walking Code activities provided to improve or maintain the resident's self-performance in walking, with or without assistive devices. These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record.
  - O0500G, Dressing and/or Grooming Code activities provided to improve or maintain the resident's self-performance in dressing and undressing, bathing and washing, and performing other personal hygiene tasks. These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record.
  - O0500H, Eating and/or Swallowing Code activities provided to improve or maintain the resident's self-performance in feeding oneself food and fluids, or activities used to improve or maintain the resident's ability to ingest nutrition and hydration by mouth. These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record

O0500: Restorative Nursing Programs

- Training and Skill Practice, continued:
  - O0500I, Amputation/ Prosthesis Care Code activities provided to improve or maintain the resident's self-performance in putting on and removing a prosthesis, caring for the prosthesis, and providing appropriate hygiene at the site where the prosthesis attaches to the body (e.g., leg stump or eye socket). Dentures are not considered to be prostheses for coding this item. These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record.
  - O0500J, Communication Code activities provided to improve or maintain the resident's self-performance in functional communication skills or assisting the resident in using residual communication skills and adaptive devices. These activities are individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record.

Coding Tips and Special Populations

- For range of motion (passive): the caregiver moves the body part around a fixed point or joint through the resident's available range of motion. The resident provides no assistance.
- For range of motion (active): any participation by the resident in the ROM activity should be coded here.
- For both active and passive range of motion: movement by a resident that is incidental to dressing, bathing, etc., does not count as part of a formal restorative nursing program. For inclusion in this section, active or passive range of motion must be a component of an individualized program that is planned, monitored evaluated, and documented in the resident's medical record. Range of motion should be delivered by staff who are trained in the procedures.

Coding Tips and Special Populations

- For splint or brace assistance: assess the resident's skin and circulation under the device, and reposition the limb in correct alignment.
- The use of continuous passive motion (CPM) devices in a restorative nursing program is coded when the following criteria are met:
  - (1) ordered by a physician,
  - (2) nursing staff have been trained in technique (e.g., properly aligning resident's limb in device, adjusting available range of motion), and
  - (3) monitoring of the device.
  - Nursing staff should document the application of the device and the effects on the resident. Do not include the time the resident is receiving treatment in the device. Include only the actual time staff were engaged in applying and monitoring the device

Coding Tips and Special Populations

- Remember that persons with dementia learn skills best through repetition that occurs multiple times per day.
- Grooming programs, including programs to help residents learn to apply make-up, may be considered restorative nursing programs when conducted by a member of the activity staff. These grooming programs would need to be individualized to the resident's needs, planned, monitored, evaluated, and documented in the resident's medical record

Things to Think About

- Many items in Section O effect reimbursement, so accuracy is critical
- How easy will it be to find the additional detail required for the Special Treatments, Procedures and Programs in O0110 on the 5-day and End of Pat A dicsharge assessments?