



Minimum Data Set (MDS) 3.0
Instructor Guide

Section O Special Treatments, Procedures, and Programs

Objectives

- State the intent of Section O Special Treatments, Procedures, and Programs.
- Identify the treatments, procedures, and programs as documented in Section O.
- Demonstrate how to calculate the number of minutes the resident spent in therapy during the look-back period.
- Code Section O correctly and accurately.

Methodology

This lesson uses lecture, scenario-based examples and practice problems, and a practice activity.

Training Resources

- Instructor Guide
- Section O Activity Sheet
- Slides 1 -- 108

Instructor Preparation

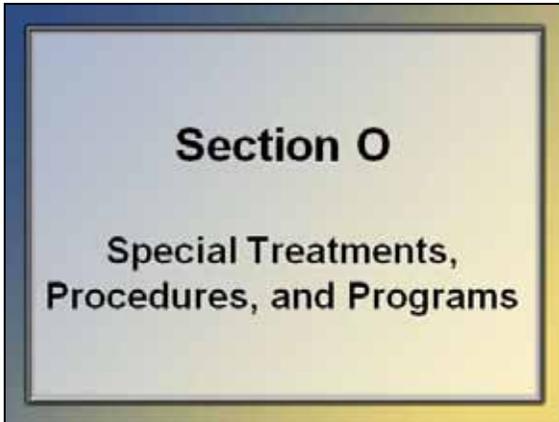
- Review the Instructor Guide.
- Review learning objectives for the unit.
- Rehearse with slide presentation.

SLIDES	INSTRUCTIONAL GUIDANCE
Instructor Notes	
Instructor Notes	

Notes

Direct participants to turn to Section O in the MDS 3.0 instrument.

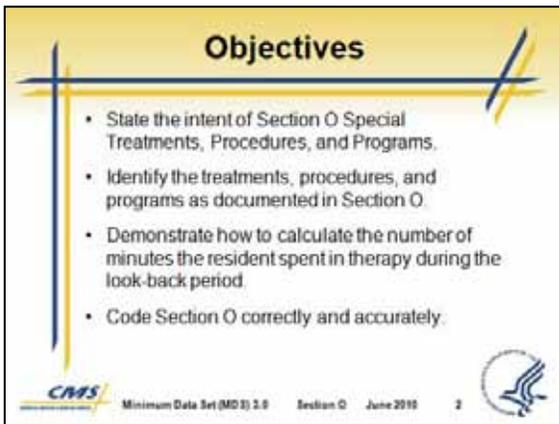
Notes



Slide 1

I. Introduction/ Objectives

- A. This lesson addresses Section O, special treatments, procedures, and programs that a resident may be receiving or participating in.
- B. This section now documents not only some key types of therapies and programs that residents may be participating in but also the dates of therapy and number of minutes the resident participated in the therapy during the look-back period.

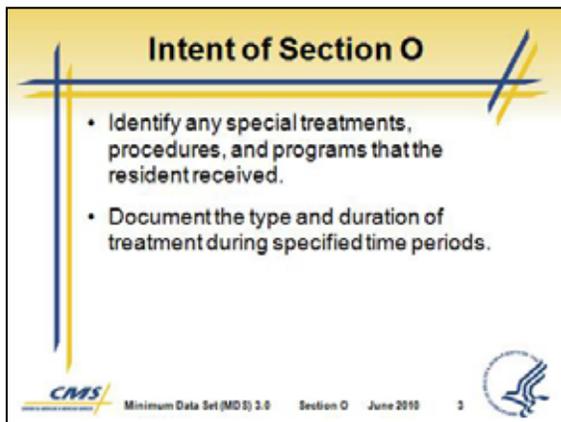


Slide 2

- C. Objectives
 - State the intent of Section O Special Treatments, Procedures, and Programs.
 - Identify the treatments, procedures, and programs as documented in Section O.
 - Demonstrate how to calculate the number of minutes the resident spent in therapy during the look-back period.
 - Code Section O correctly and accurately.

SLIDES

INSTRUCTIONAL GUIDANCE



Slide 3

D. Intent of Section O

1. Identify any special treatments, procedures, and programs that the resident.
2. Document the type and duration of treatment during specified time periods.



Slide 4

E. Applicable Treatments, Procedures, and Procedures

1. Section O is not an all inclusive list of available therapies, programs, and procedures that the resident may be receiving.
2. There are many more therapies, procedures, and programs that play a vital role in the health and quality of life of long term care residents.
3. MDS 3.0 documents data about a defined subset of these programs.



Slide 5

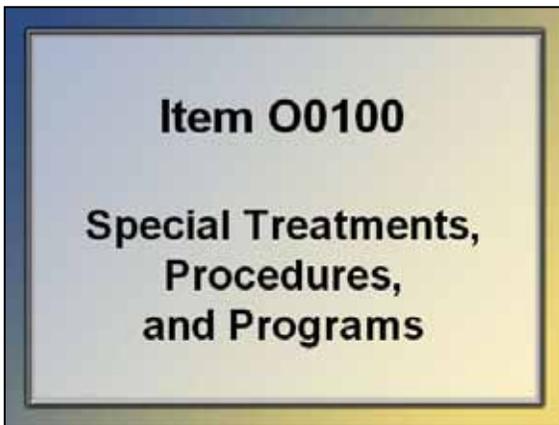
F. Criteria for Applicable Treatments and Procedures

1. Several criteria define the types of procedures documented in the MDS 3.0.
2. Applicable treatments and procedures include:
 - a. Services provided by or under the direction of a qualified occupational or physical therapist
 - b. Skilled therapy services only

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- c. Respiratory, psychological, and recreational therapy that meets specific criteria only
- d. See Chapter 3 of the RAI Manual for information about criteria for therapy services.
- 3. Applicable treatments and procedures do not include:
 - a. Services provided solely in conjunction with surgical services
 - b. Non-skilled services

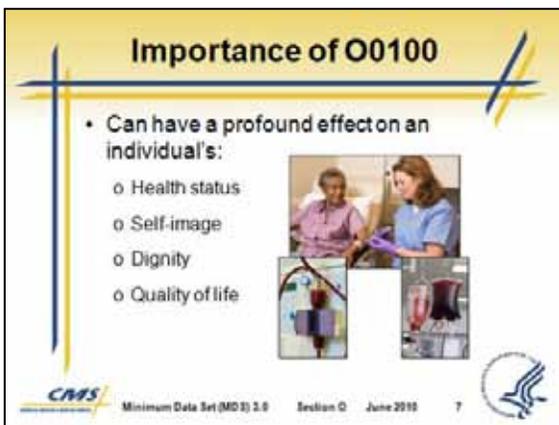
Will discuss these treatments, therapies, and criteria more throughout the lesson.



Slide 6

II. Item O0100 Special Treatments, Procedures, and Programs

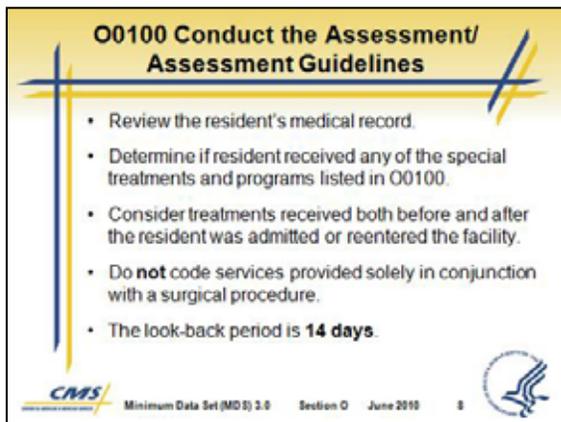
- A. Item O0100 documents a variety of special treatments and programs that a resident may be receiving.
- B. This item also documents whether the resident received these treatments while a resident of the long-term care facility or prior to admission to the facility.



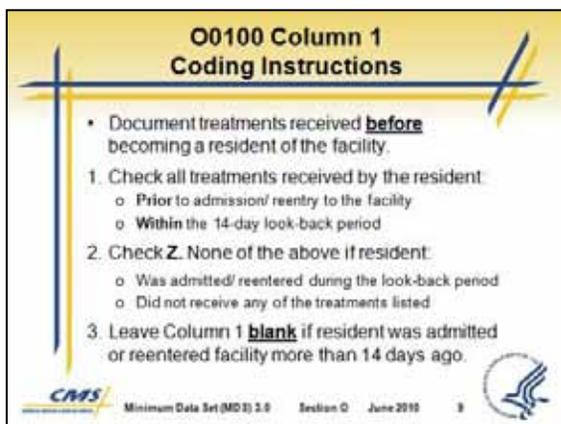
Slide 7

- C. Importance of O0100
 - 1. Treatments, programs, and procedures listed can have a profound effect on an individual's:
 - a. Health status
 - b. Self-image
 - c. Dignity
 - d. Quality of life

SLIDES



Slide 8



Slide 9

INSTRUCTIONAL GUIDANCE

- D. O0100 Conduct the Assessment/ Assessment Guidelines
1. Review the resident's medical record.
 2. Determine if the resident has received any of the special treatments and programs listed.
 3. Consider treatments received both before and after the resident was admitted or reentered the facility.
 4. Do **not** code services provided solely in conjunction with a surgical procedure.
 - a. Includes IV medications or ventilators.
 - b. Surgical procedures include routine pre- and post-operative procedures.
 5. The look-back period is **14 days**.
- E. O0100 Column 1 Coding Instructions
1. Column 1 documents applicable treatments received before becoming a resident of the facility.
 2. There are three possible ways to code this column.
 - a. Check all treatments the resident received:
 - **Prior** to admission/reentry to the facility
- AND**
- **Within** the 14-day look-back period
 - Do not code treatments that occurred outside the facility before the 14-day look-back period.

SLIDES

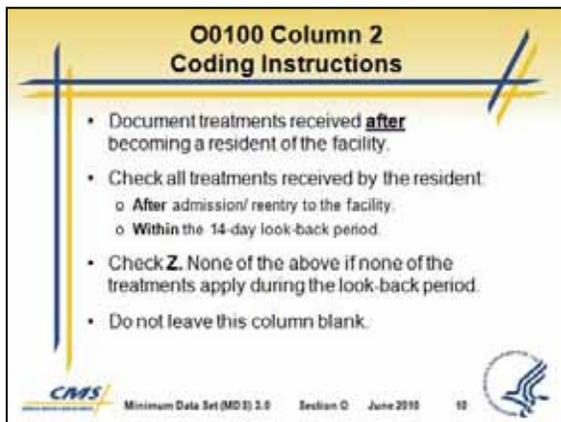
INSTRUCTIONAL GUIDANCE

- b. Check item **Z**. None of the above if the resident:
 - Was admitted or reentered the facility during the look-back period
 - But did not receive any of the treatments listed during the look-back period
 - Checking item **Z**. None of the above indicates that the resident was admitted to or reentered the facility during the look-back period but did not receive any of these specific treatments.

- c. Leave Column 1 **blank** if the resident was admitted or reentered facility more than 14 days ago.
 - Leaving the column blank indicates that the resident was not admitted to or reentered the facility during the 14-day look-back period.
 - Do not select item **Z**. None of the above for this situation.
 - Remember that selecting item **Z**. indicates that the resident was admitted to or reentered the facility less than 14 days ago but did not receive any of the treatments listed in this item.

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- F. O0100 Column 2 Coding Instructions
1. Check all treatments received:
 - a. **After** admission/ reentry to the facility
 - b. **Within** the 14-day look-back period
 2. Check **Z**. None of the above if no items apply in the look-back period.
 3. Column 2 should not be left blank.

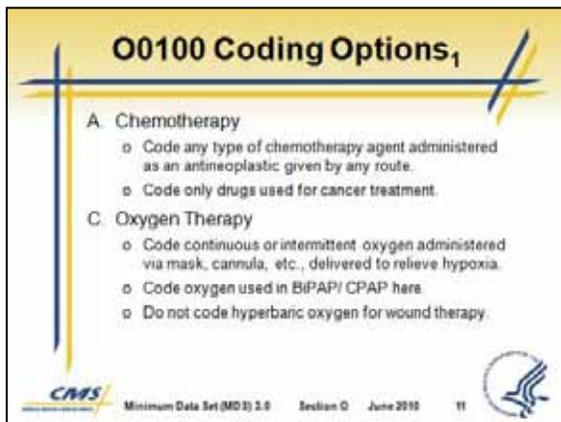
Instructor Notes

Notes

Chapter 3 of the RAI Manual includes guidelines for when to code each treatment listed in O0100. This lesson addresses four of these treatments.

Notes

Instructor Notes



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- G. O0100 Coding Options
1. Chapter 3 of the RAI Manual provides guidance for which treatments to code in O0100.
 2. Chapter 3 of the RAI Manual also provides guidance for how to code the treatments listed in O0100. This lesson covers four of these treatments.
 3. O0100A Chemotherapy
 - a. Code any type of chemotherapy agent administered as an antineoplastic given by any route in this item.
 - b. Each drug should be evaluated to determine its reason for use before coding it.
 - c. The drugs coded here are those actually used for cancer treatment.

SLIDES

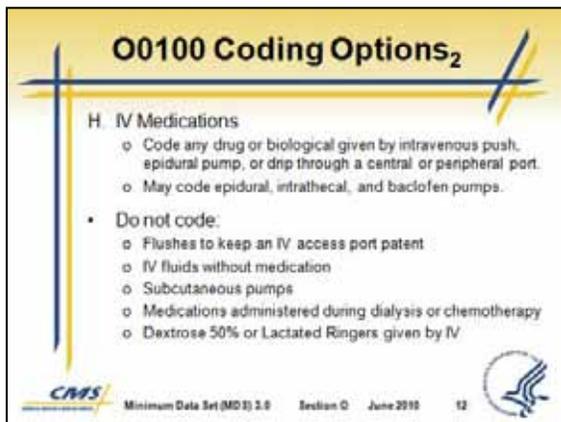
INSTRUCTIONAL GUIDANCE

- For example, megestrol acetate is classified in the Physician's Desk Reference (PDR) as an anti-neoplastic 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.
- The resident is not receiving the medication for chemotherapy purposes in this situation.

4. O0100C. Oxygen Therapy

- a. Code continuous or intermittent oxygen administered via mask, cannula, etc., delivered to a resident to relieve hypoxia in this item.
- b. Code oxygen used in Bi-level Positive Airway Pressure/ Continuous Positive Airway Pressure (BiPAP/CPAP) here.
- c. Do not code hyperbaric oxygen for wound therapy in this item.

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INSTRUCTIONAL GUIDANCE

5. O0100H. IV Medications
 - a. Code any drug or biological (e.g., contrast material) given by intravenous push, epidural pump, or drip through a central or peripheral port in this item.
 - b. This item does not apply to IV fluids documented in Section K.
 - c. Record the use of an epidural pump in this item.
 - d. May code epidural, intrathecal, and baclofen pumps.
 - They are similar to IV medications in that they must be monitored frequently and they involve continuous administration of a substance.
 - e. Do **not** code:
 - Flushes to keep an IV access port patent
 - IV fluids without medication
 - Subcutaneous pumps
 - IV medications of any kind that were administered during dialysis or chemotherapy
 - Dextrose 50% and/or Lactated Ringers given IV (These are not considered medications, and should not be coded here.)

SLIDES

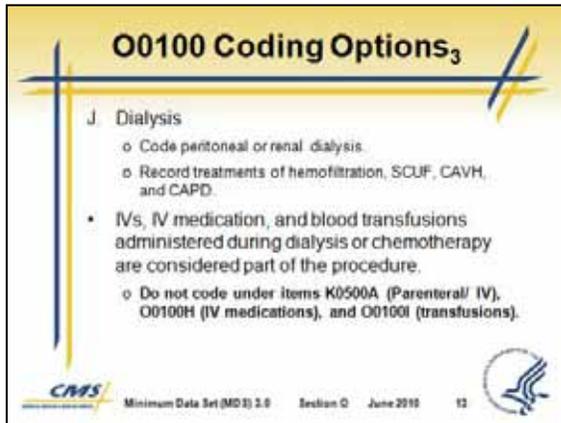
INSTRUCTIONAL GUIDANCE

Instructor Notes

To determine what products are considered medications or for more information consult the FDA website:

- The Orange Book, <http://www.fda.gov/cder/ob/default.htm>
- The National Drug Code Directory, <http://www.fda.gov/cder/ndc/database/Default.htm>

Instructor Notes

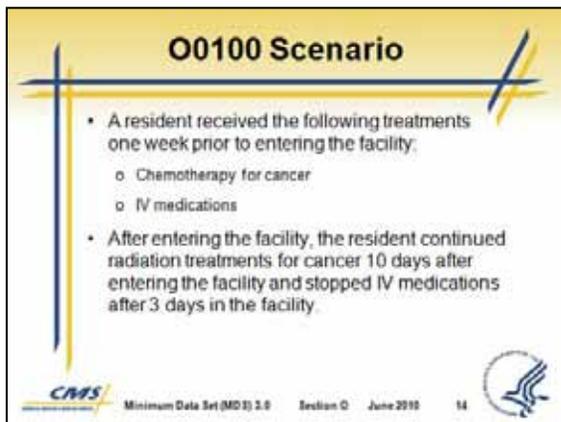


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6. O0100J. Dialysis
 - a. Code peritoneal or renal dialysis that occurs at the nursing home or at another facility in this item.
 - b. Record treatments of hemofiltration, Slow Continuous Ultrafiltration (SCUF), Continuous Arteriovenous Hemofiltration (CAVH), and Continuous Ambulatory Peritoneal Dialysis (CAPD).

7. IVs, IV medication, and blood transfusions administered during dialysis or chemotherapy are considered part of the procedure.
 - a. Do not code under items:
 - K0500A (Parenteral/ IV)
 - O0100H (IV medications)
 - O0100I (transfusions)

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INSTRUCTIONAL GUIDANCE

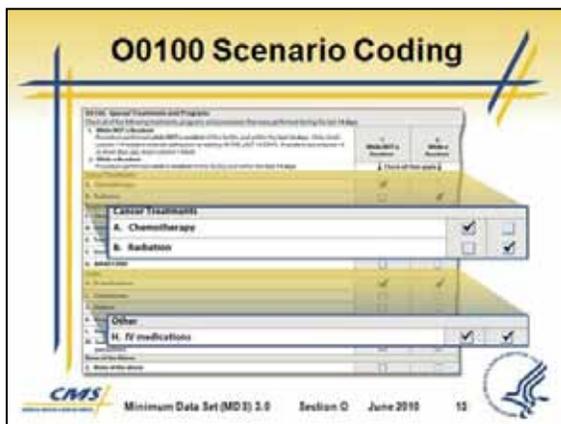
H. O0100 Scenario

1. A resident received the following treatments one week prior to entering the facility:
 - a. Chemotherapy for cancer
 - b. IV medications
2. The resident received radiation treatments for cancer 10 days after entering the facility and stopped IV medications after 3 days in the facility.

How should this be coded?

Give participants a moment to attempt to code item O0100 on the MDS instrument.

Review the correct coding on the next slide.

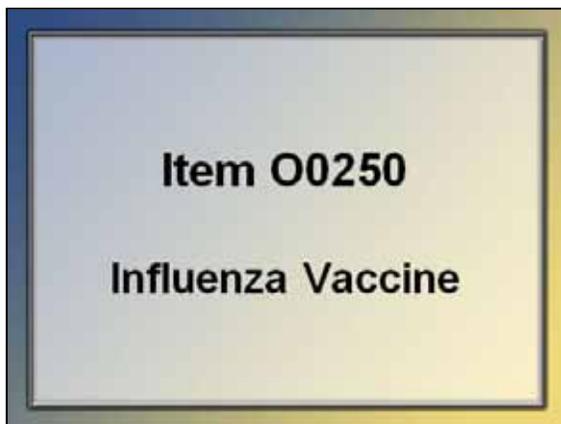


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I. O0100 Scenario Coding

Refer to the graphic on the slide.

1. In Column 1, check option **A. Chemotherapy** and option **H. IV Medication**.
2. In Column 2, check option **B. Radiation** and option **H. IV Medications**.



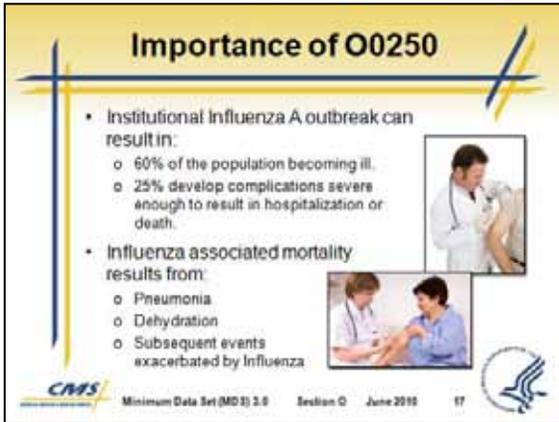
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III. Item O0250 Influenza Vaccine

- A. When infected with influenza, older adults and persons with underlying health problems are:
1. At increased risk for complications
 2. More likely than the general population to require hospitalization

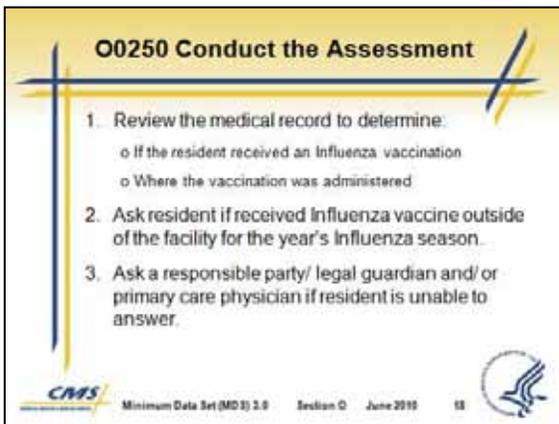
SLIDES

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- B. Importance of O0250
1. An institutional Influenza A outbreak can result in:
 - a. 60% of the population becoming ill.
 - b. 25% of those affected develop complications severe enough to result in hospitalization or death
 2. Influenza-associated mortality results from:
 - a. Pneumonia
 - b. Dehydration
 - c. Subsequent events arising from cardiovascular, cerebrovascular and other chronic or immunocompromising diseases that can be exacerbated by Influenza



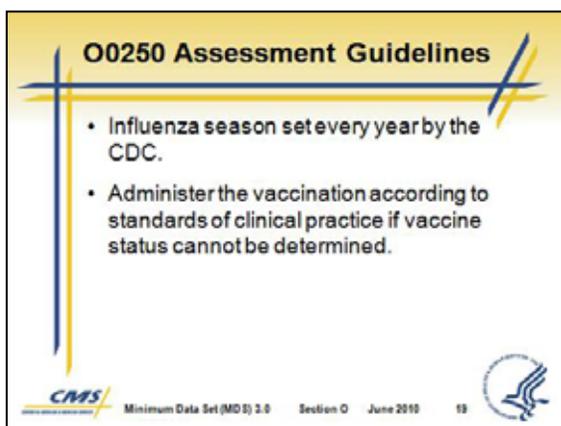
Slide 18

- C. O0250 Conduct the Assessment
1. Follow these steps in order until it is determined if the resident has received an Influenza vaccine.
 - a. Review the medical record to determine:
 - Whether the resident received an Influenza vaccination for this year's Influenza season
 - Where the vaccination was administered
 - b. Ask the resident if he or she received a dose of Influenza vaccine outside of the facility for the year's Influenza season.

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- c. Ask a responsible party/ legal guardian and/ or primary care physician if the resident is unable to answer.

Instructor Notes		
Notes	<p>The Influenza season varies annually. Information about current Influenza season can be obtained by accessing the CDC Seasonal Influenza (Flu) website: www.cdc.gov/flu.</p>	Notes
Instructor Notes		



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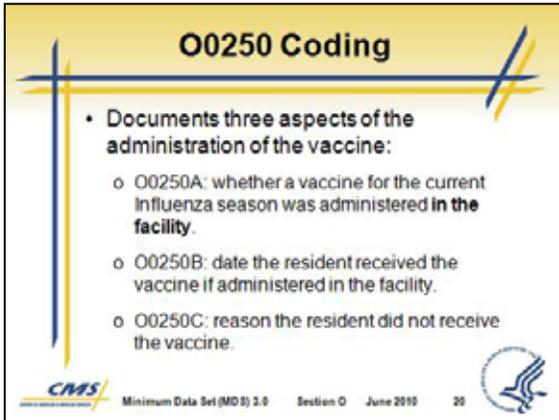
D. O0250 Assessment Guidelines

1. The influenza season is set every year by the CDC.
 - a. This information will be posted on a regular basis to include the dates defined for each year's Influenza season and the corresponding reporting period.
2. Administer the vaccination to the resident according to standards of clinical practice if vaccine status cannot be determined.

Instructor Notes		
Notes	<p>At this point, CMS does not anticipate adding an item for the H1N1 vaccine as this will be included in seasonal Influenza vaccines in the future.</p>	Notes
Instructor Notes		

SLIDES

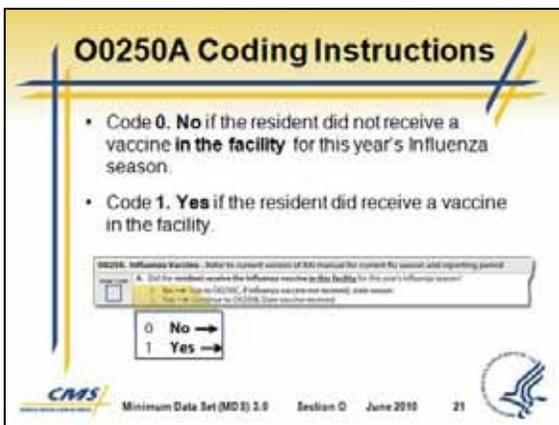
INSTRUCTIONAL GUIDANCE



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E. O0250 Coding

- Item O0250 documents three aspects of the administration of the vaccine:
 - O0250A documents whether an Influenza vaccine for the current Influenza season was administered **in the facility**.
 - O0250B documents the date the resident received the vaccine if administered by the facility.
 - O0250C documents the reason the resident did not receive the vaccine in the facility.



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F. O0250A Coding Instructions

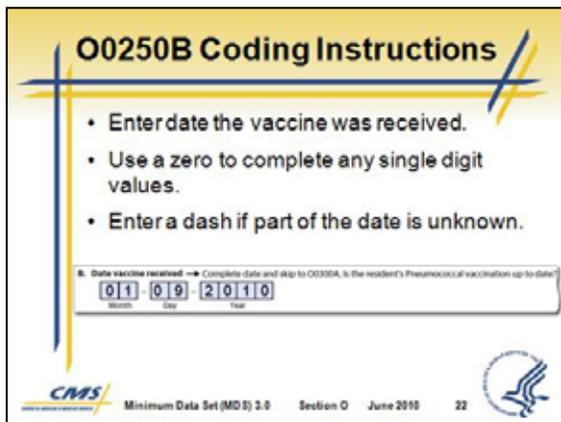
- Code 0. No**
If the resident did NOT receive the Influenza vaccine **in this facility** during this year's Influenza season
Skip to O0250C If Influenza vaccine not received, state reason.

Emphasize skip pattern here.

- Code 1. Yes**
If the resident did receive the Influenza vaccine in this facility during this year's Influenza season
Continue to O0250B Date Vaccine Received.

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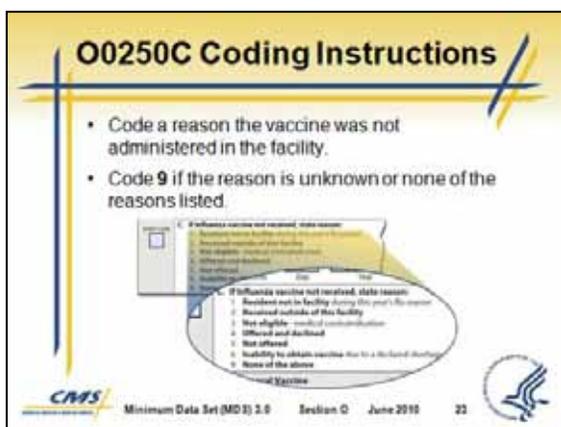


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G. O0250B Coding Instructions

1. Enter the date the vaccine was received in the facility.
2. Use a zero to complete any single digit values.
3. Enter dashes if the month or day is unknown.
4. Enter a dash in the first (leftmost) space if the date of vaccination is unknown.

Point out the example in the graphic.



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H. O0250C Coding Instructions

1. Code a reason if the vaccine was not administered **in the facility** for this year's Influenza season.
2. Code **9**. *None of the above* if the reason is unknown.
 - **Code 1. Resident not in facility during this year's Influenza season**
 - **Code 2. Received outside of this facility**
 - **Code 3. Not eligible—medical contraindication**
 - **Code 4. Offered and declined**
 - **Code 5. Not offered**
 - **Code 6. Inability to obtain vaccine due to a declared shortage**
 - **Code 9. None of the above**

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Instructor Notes

Detailed Coding Instructions for O0250C

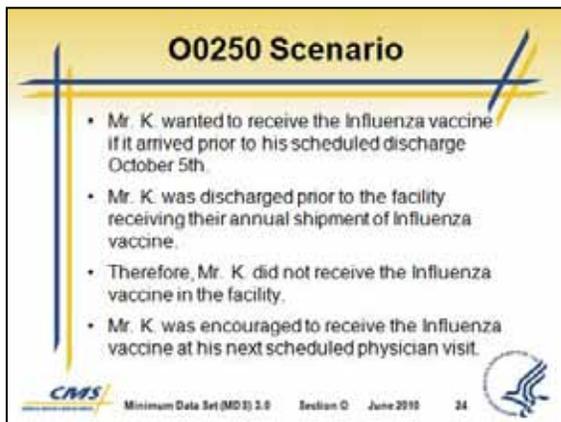
- **Code 1. Resident not in facility during this year's Influenza season**
Resident not in the facility during this year's Influenza season.
- **Code 2. Received outside of this facility**
Includes Influenza vaccinations administered in any other setting (e.g., physician office, health fair, grocery store, hospital, fire station) during this year's Influenza season.
- **Code 3. Not eligible—medical contraindication**
If vaccination not received due to medical contraindications, including allergic reaction to eggs or other vaccine component(s), an order not to immunize by a physician or other authorized, licensed staff as permitted by state law, or an acute febrile illness is present. However, the resident should be vaccinated if contraindications end.
- **Code 4. Offered and declined**
Resident or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the vaccine.
- **Code 5. Not offered**
Resident or responsible party/legal guardian not offered the vaccine.
- **Code 6. Inability to obtain vaccine due to a declared shortage**
Vaccine unavailable at the facility due to declared vaccine shortage.
However, the resident should be vaccinated once the facility receives the vaccine.
The annual supply of inactivated Influenza vaccine and the timing of its distribution cannot be guaranteed in any year.
- **Code 9. None of the above**
If none of the listed reasons describe why the vaccination was not administered
This code is also used if the answer is unknown.

Notes

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Instructor Notes

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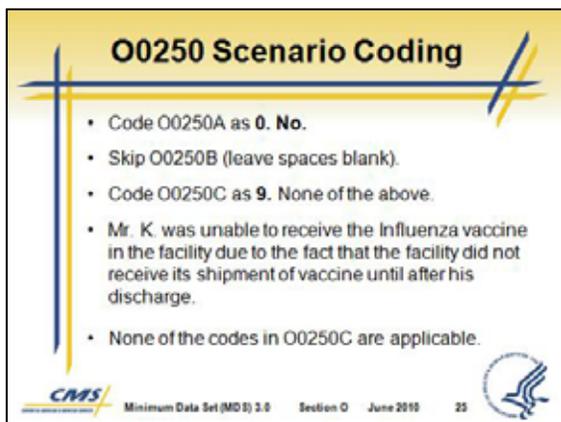


Slide 24

INSTRUCTIONAL GUIDANCE

- I. O0250 Scenario
1. Mr. K. wanted to receive the Influenza vaccine if it arrived prior to his scheduled discharge October 5th.
 2. Mr. K. was discharged prior to the facility receiving their annual shipment of Influenza vaccine.
 3. Therefore, Mr. K. did not receive the Influenza vaccine in the facility.
 4. Mr. K. was encouraged to receive the Influenza vaccine at his next scheduled physician visit.

How should this be coded?

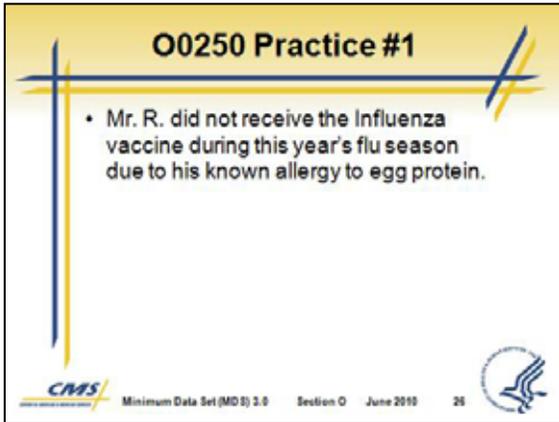


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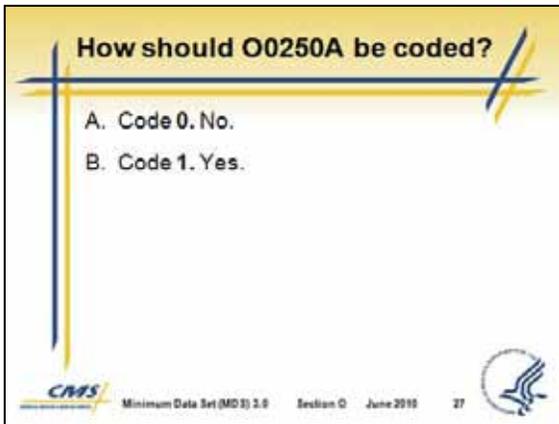
- J. O0250 Scenario Coding
1. Code O0250A as **0. No.**
 2. Skip O0250B (leave spaces blank).
 3. Code O0250C as **9. None of the above.**
 4. Mr. K. was unable to receive the Influenza vaccine in the facility due to the fact that the facility did not receive its shipment of vaccine until after his discharge.
 5. None of the other codes in O0250C are applicable.

SLIDES

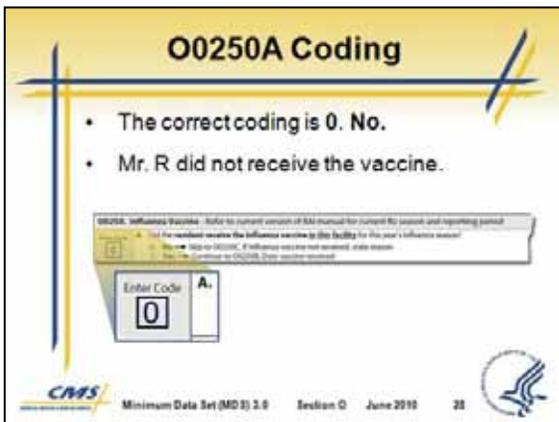
INSTRUCTIONAL GUIDANCE



Slide 26



Slide 27



Slide 28

K. O0250 Practice #1

1. Mr. R. did not receive the Influenza vaccine during this year's Influenza season due to his known allergy to egg protein.

2. How should O0250A be coded?
Give participants time to respond.

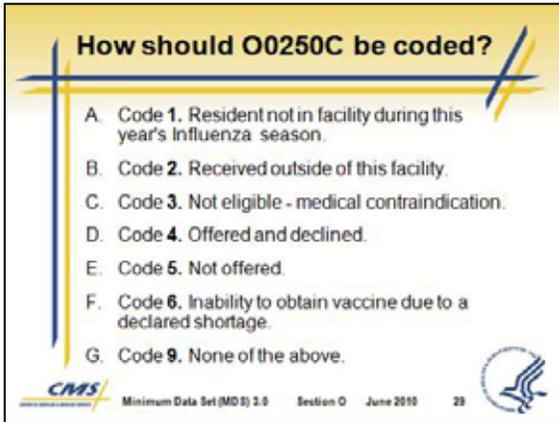
- a. Correct answer is A. Code **0**. No.

3. O0250A Coding

- a. The correct coding is **0. No.**
- b. Mr. R did not receive the vaccine.

SLIDES

INSTRUCTIONAL GUIDANCE

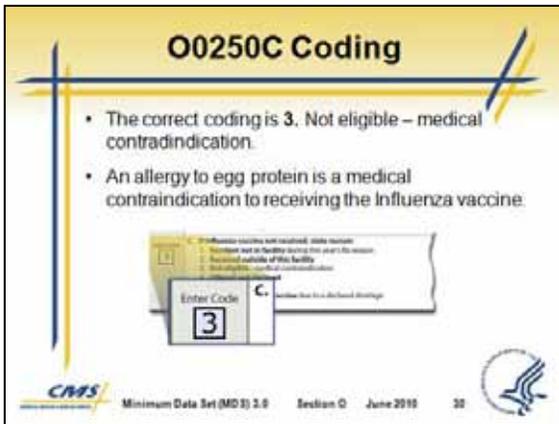


Slide 29

4. How should O0250C be coded?

Give participants time to respond.

- a. Correct answer is C. Code **3**. Not eligible – medical contraindication.



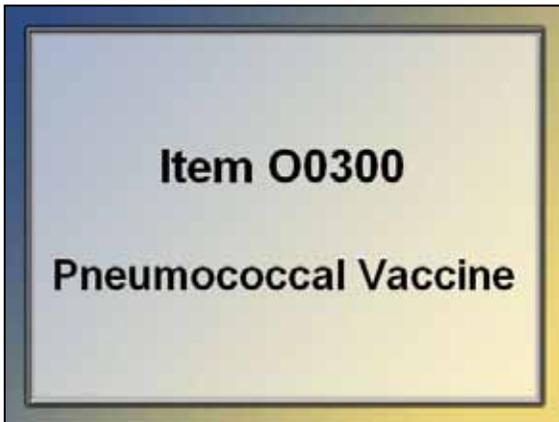
Slide 30

5. How should O0250C be coded?

Give participants time to respond.

Emphasize skip pattern here (skip O0250B so leave blank).

- a. The correct coding is **3**. Not eligible – medical contraindication.
- b. An allergy to egg protein is a medical contraindication to receiving the Influenza vaccine.



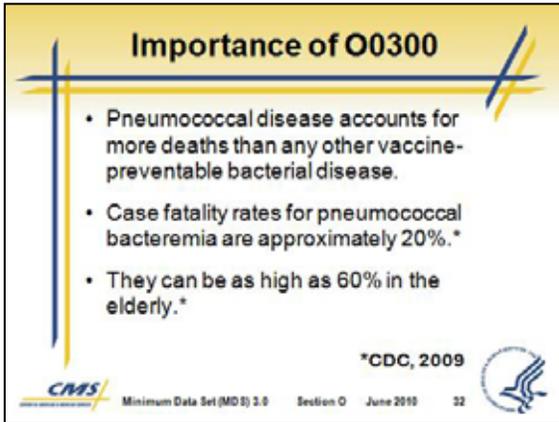
Slide 31

IV. Item O0300 Pneumococcal Vaccine

- A. Section O also documents whether the resident has received a pneumococcal vaccine or if the resident should receive one.

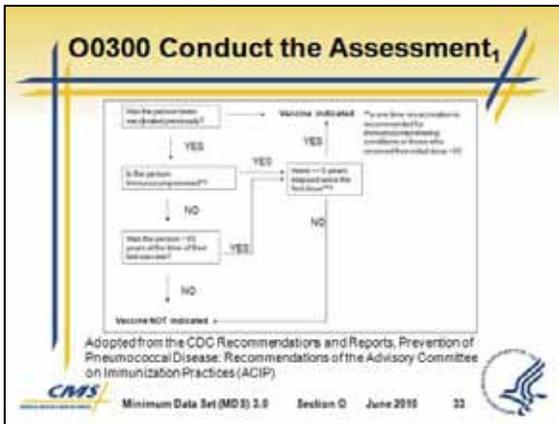
SLIDES

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- B. Importance of O0300
1. Pneumococcal disease accounts for more deaths than any other vaccine-preventable bacterial disease.
 2. Case fatality rates for pneumococcal bacteremia are approximately 20%.
 3. However, they can be as high as 60% in the elderly (CDC, 2009).



Slide 33

- C. O0300 Conduct the Assessment
1. Determine whether the resident should receive the pneumococcal vaccine.
 2. Use the Pneumococcal vaccine algorithm provided by the CDC to determine if a resident should receive the pneumococcal vaccine.

This algorithm is available as a handout.

Instructor Notes

Ask participants if they need to review this algorithm in detail. If so, review the steps of the algorithm. If not, skip the rest of this slide and continue with the next slide and practice using the algorithm.

Instructor Notes

D. Pneumococcal Vaccine Algorithm

1. Start in the upper left corner.
 - a. Has the person been vaccinated previously? If No, then the vaccine is indicated.
2. If Yes, is the person immunocompromised?

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- a. If Yes, then determine if more than 5 years has elapsed since the last dose.
 - b. If more than 5 years has elapsed, the vaccine is indicated.
 - c. If less than 5 years has elapsed, the vaccine is not indicated.
3. If No, then was the person under age 65 at the time of the last vaccine?
 - a. If Yes, then determine if more than 5 years has elapsed since the last dose.
 - b. If more than 5 years has elapsed, the vaccine is indicated.
 - c. If less than 5 years has elapsed, the vaccine is not indicated.
 4. If No, then the vaccine is not indicated.

**Pneumococcal Vaccine
Algorithm Scenario**

- Mr. T. received the Pneumococcal vaccine at age 62 when he was living in a congregate care community.
- He is now 65 years old and is being admitted to the nursing home for chemotherapy and respite care.

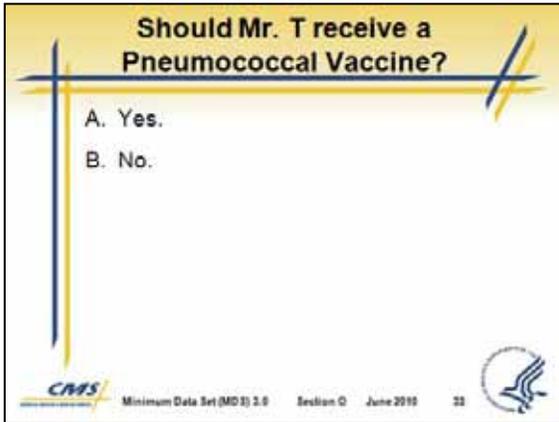

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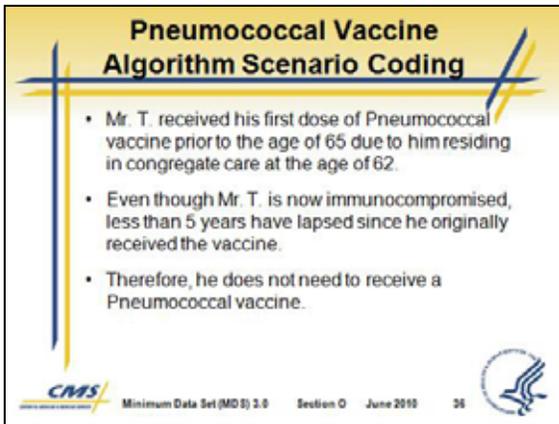
- E. Pneumococcal Vaccine Algorithm Scenario
 1. Mr. T. received the pneumococcal vaccine at age 62 when he was living in a congregate care community.
 2. He is now 65 years old and is being admitted to the NH for chemotherapy and respite care.

SLIDES

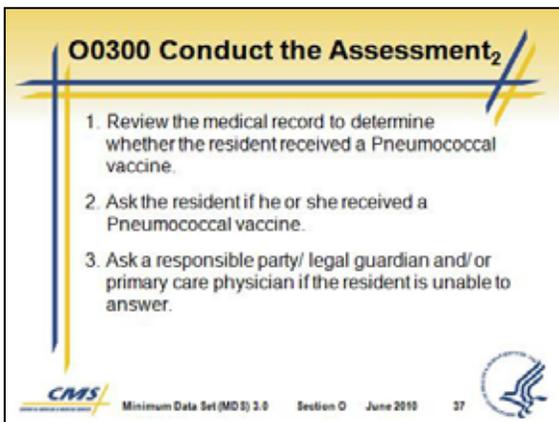
INSTRUCTIONAL GUIDANCE



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Slide 36



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- Should Mr. T. receive a Pneumococcal Vaccine?

Direct students to use the algorithm chart handout if available to determine the answer to this question.

Give participants time to respond.

- Correct answer is B. No.

- Pneumococcal Vaccine Algorithm Scenario Coding

- Mr. T. received his first dose of pneumococcal vaccine prior to the age of 65 due to him residing in congregate care at the age of 62.

- Even though Mr. T. is now immunocompromised, less than 5 years have lapsed since he originally received the vaccine.

- Therefore, he does not need to receive a pneumococcal vaccine.

- O0300 Conduct the Assessment cont'd

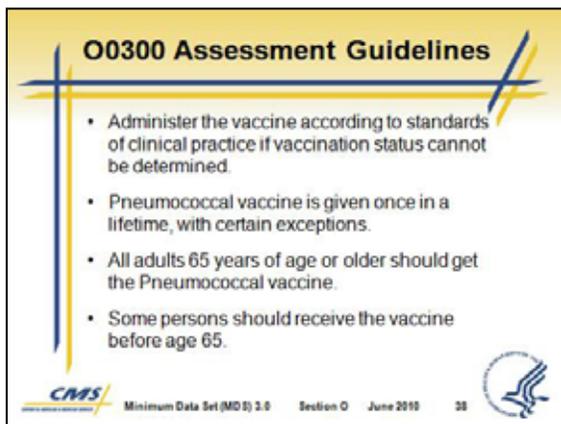
- Follow these steps in order until it is determined if the resident has received a Pneumococcal vaccine.

- Review the resident's medical record to determine whether a pneumococcal vaccine has been received.

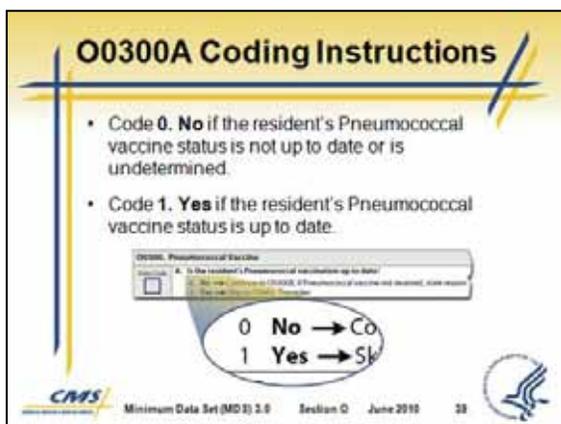
- Ask the resident if he/ she received a pneumococcal vaccine.

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- c. Ask the same question of a responsible party/ legal guardian and/ or primary care physician if the resident is unable to answer.

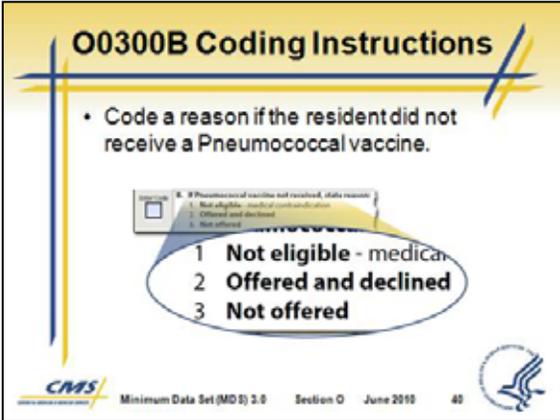
G. O0300 Assessment Guidelines

1. Administer the vaccine according to standards of clinical practice if vaccination status cannot be determined.
2. Pneumococcal vaccine is given once in a lifetime, with certain exceptions.
3. All adults 65 years of age or older should get the pneumococcal vaccine.
4. Some persons should receive the vaccine before age 65.

H. O0300A Coding Instructions

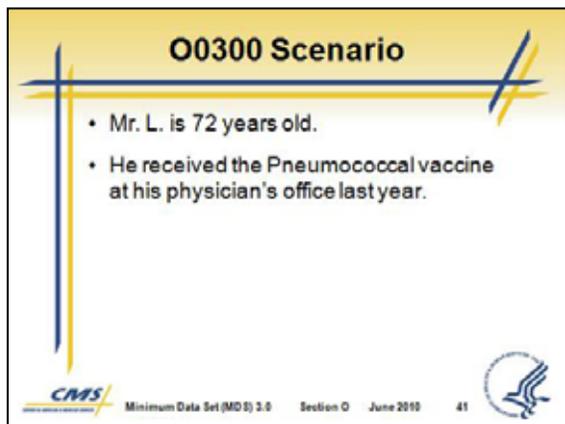
1. Code whether or not the resident's pneumococcal vaccine is up to date.
 - **Code 0. No**
If the resident's pneumococcal vaccine status is not up to date or cannot be determined
Continue to item O0300B, If Pneumococcal vaccine not received, state reason.
 - **Code 1. Yes**
If the resident's pneumococcal vaccine status is up to date
Skip to O0400, Therapies.

Emphasize skip pattern here.

SLIDES	INSTRUCTIONAL GUIDANCE
	<p>I. O0300B Coding Instructions</p> <ol style="list-style-type: none"> Code a reason if the resident has not received a pneumococcal vaccine. <ul style="list-style-type: none"> Code 1. Not eligible If the resident is not eligible due to medical contraindications Code 2. Offered and declined Code 3. Not offered

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Instructor Notes	
Notes	<p>Detailed Coding Instructions for O0300B</p> <ul style="list-style-type: none"> Code 1. Not eligible If the resident is not eligible due to medical contraindications, including a life-threatening allergic reaction to the vaccine or any vaccine component(s) or an order not to immunize by a physician or other authorized, licensed staff as permitted by state law Code 2. Offered and declined Resident or responsible party/ legal guardian has been informed of what is being offered and chooses not to accept the vaccine. Code 3. Not offered Resident or responsible party/ legal guardian not offered the vaccine.
Instructor Notes	

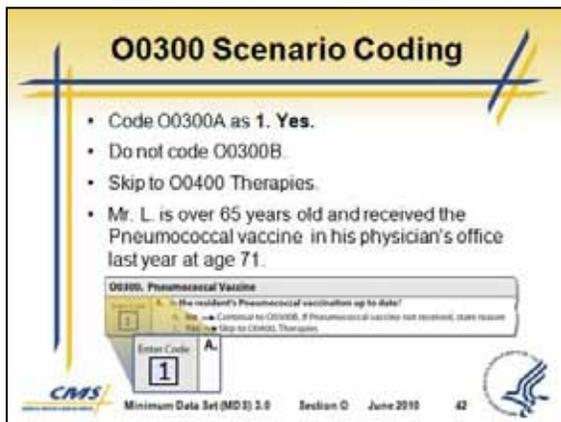


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- J. O0300 Scenario
- Mr. L. is 72 years old
 - He received the pneumococcal vaccine at his physician's office last year.
- How should this be coded?*

SLIDES

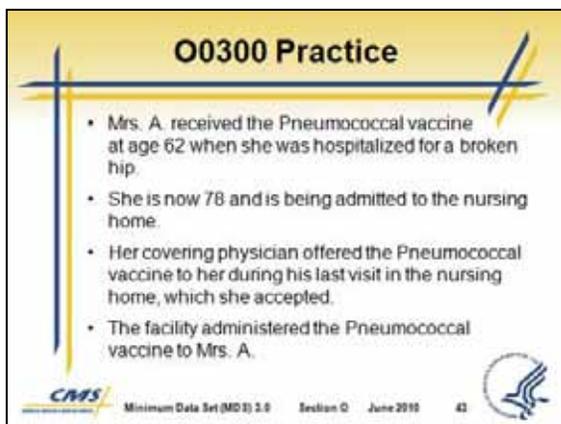
INSTRUCTIONAL GUIDANCE



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K. O0300 Scenario Coding

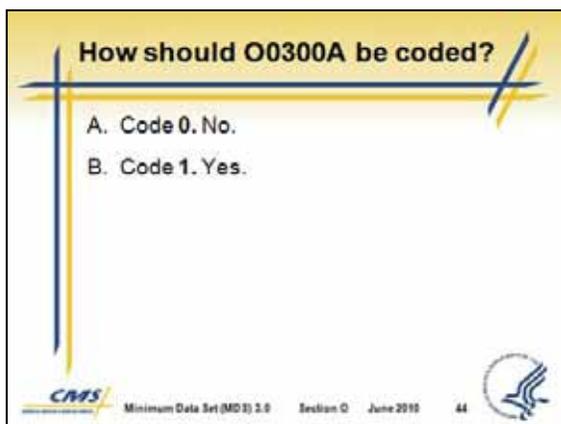
1. Code O0300A as **1. Yes.**
2. Do not code O0300B.
3. Skip to O0400 Therapies.
4. Mr. L. is over 65 years old and received the pneumococcal vaccine in his physician's office last year at age 71.



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L. O0300 Practice

1. Mrs. A. received the pneumococcal vaccine at age 62 when she was hospitalized for a broken hip.
2. She is now 78 and is being admitted to the nursing home.
3. Her covering physician offered the pneumococcal vaccine to her during his last visit in the nursing home, which she accepted.
4. The facility administered the pneumococcal vaccine to Mrs. A.



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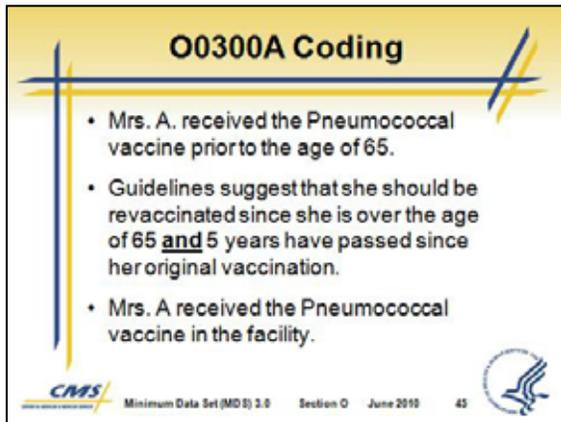
5. How should O0300A be coded?

Give participants time to respond.

- a. Correct answer is B. Code **1. Yes.**

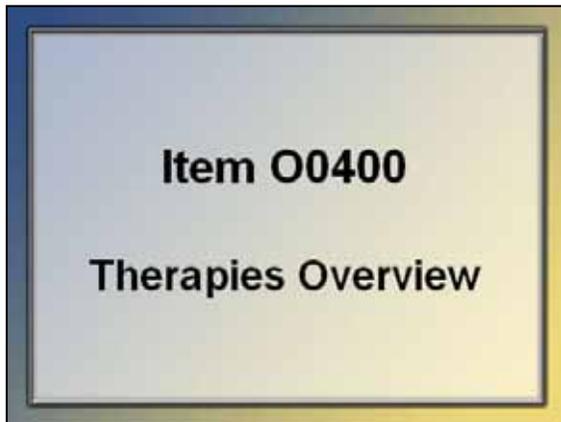
SLIDES

INSTRUCTIONAL GUIDANCE



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6. O0300A Coding
 - a. The correct coding is **1. Yes.**
 - b. Mrs. A. received the pneumococcal vaccine prior to the age of 65.
 - c. Guidelines suggest that she should be revaccinated since she is over the age of 65 and 5 years have passed since her original vaccination.
 - d. Mrs. A received the pneumococcal vaccine in the facility.



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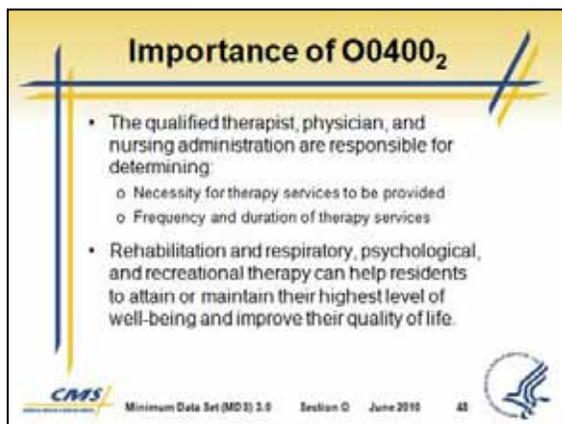
V. Item O0400 Therapies Overview

- A. Item 0400 focuses on various therapies a resident may receive while a resident of the nursing home.
- B. This item tracks only:
 1. Therapies provided while a resident of the facility.
 2. Skilled therapies that are reasonable and necessary.
- C. Importance of O0400 Therapies
 1. Maintaining as much independence as possible in activities of daily living, mobility, and communication is critically important to most people.
 2. Functional decline can lead to:
 - a. Depressed mood
 - b. Withdrawal
 - c. Social isolation
 - d. Breathing problems



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SLIDES	INSTRUCTIONAL GUIDANCE
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- e. Complications of immobility, such as incontinence and pressure ulcers
- 3. Contributes to diminished quality of life.
- 4. The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining:
 - a. Necessity for, therapy services provided to residents
 - b. Frequency and duration therapy services
- 5. Rehabilitation (i.e., 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.



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D. Purpose of O0400 Therapies

Direct participants to turn to item O0400 Therapies.

- 1. This item documents data about therapies identified for the purpose of the MDS 3.0.
 - a. Determine which therapies documented for the purpose of MDS 3.0 the resident received.
 - b. Determine the mode for each therapy the resident participates in (individual, concurrent, or group therapy).

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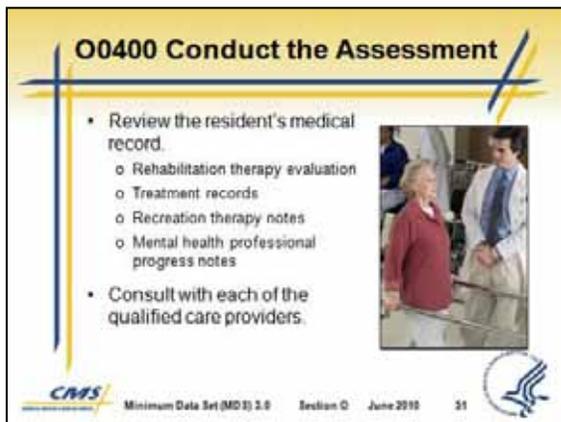
- c. Determine how many minutes the resident spends in each mode of therapy during the look-back period.
- d. Determine the number of days of therapy in the look-back period.
- e. Identify the start and end date of each therapy.

E. Applicable Therapies

1. Code only medically necessary therapies that occurred after admission/ readmission to the nursing home.
 - a. Ordered by a physician or other qualified staff as determined by state law based on a qualified therapist's assessment and treatment plan.
 - One who meets Medicare requirements or, in some instances, under such a person's direct supervision
 - b. Documented in the resident's medical record.
 - c. Care planned and periodically evaluated to ensure that the resident receives needed therapies and that current treatment plans are effective.
2. Therapy treatment may occur either inside or outside of the facility.

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- F. O0400 Conduct the Assessment
1. Review the resident's medical record.
 - a. Rehabilitation therapy evaluation
 - b. Treatment records
 - c. Recreation therapy notes
 - d. Mental health professional progress notes
 2. Consult with each of the qualified care providers.

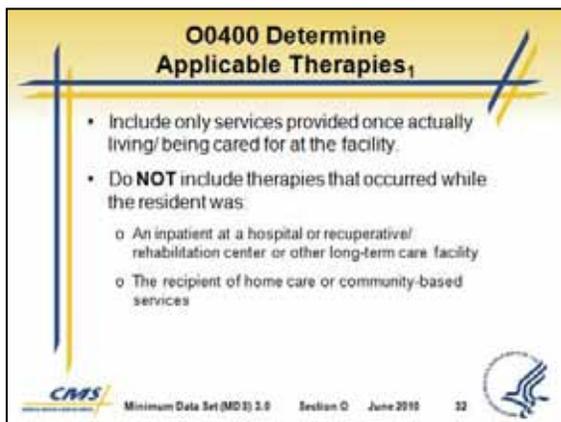
Instructor Notes

Notes

Review the next three slides quickly. Complete guidelines are provided in Chapter 3 of the RAI Manual.

Notes

Instructor Notes

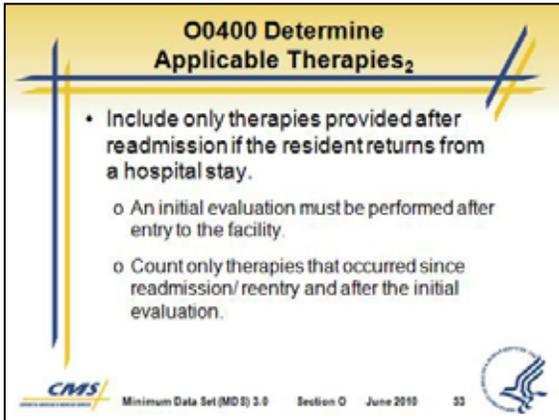


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- G. O0400: Determine Applicable Therapies
1. When completing O0400, determine the applicable therapies the resident received during the look-back period.
 2. Consider these guidelines:
 - a. Include only therapies provided once the person is actually living/ being cared for at the long-term care facility.
 - b. Do **NOT** include therapies that occurred while:
 - The person was an inpatient at a hospital or recuperative/ rehabilitation center or other long-term care facility.
 - Recipient of home care or community-based services.

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3. Include only therapies provided after readmission if the resident returns from a hospital stay.
 - a. An initial evaluation must be performed after entry to the facility.
 - b. Count only those therapies that occurred since admission/ reentry to the facility and after the initial evaluation.

4. Respiratory, psychological, and recreational therapy must meet the requirements for skilled therapy outlined in the RAI Manual Chapter 3.
5. Include services provided by a qualified occupational/physical therapy assistant who is employed by or under contract with the long-term care facility only if he or she is under the direction of a qualified occupational/physical therapist.
 - a. Medicare does not recognize speech-language pathology assistants.
 - b. Therefore, services provided by these individuals are not to be coded on the MDS.
6. Do **not** include therapeutic services provided by specialists, licensed or not, that are not specifically listed in the RAI Manual or on the MDS item set in item 0400.
 - a. These services should be documented in the resident's medical record.

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INSTRUCTIONAL GUIDANCE

H. Skilled Therapy Services

1. Include only **skilled** therapy services for Speech-Language Pathology Services (SLP), Physical (PT), and Occupational Therapies (OT).
2. Skilled therapy services must meet **ALL** of the following conditions:
 - a. For Part A, services must be ordered by a physician. For Part B the plan of care must be certified by a physician following the therapy evaluation.
 - b. Services must be directly and specifically related to an active written treatment plan:
 - Approved by the physician after any needed consultation with the qualified therapist
 - Based on an initial evaluation performed by a qualified therapist prior to the start of therapy services in the facility
 - c. Services must be of a level of complexity and sophistication, or the condition of the resident must be of a nature that requires the judgment, knowledge, and skills of a therapist.

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d. Services must be provided with the expectation that the condition of the patient will improve materially in a reasonable and generally predictable period of time, or the services must be necessary for the establishment of a safe and effective maintenance program.

- Based on the assessment of the resident's restoration potential made by the physician.

e. Services must be considered under accepted standards of medical practice to be specific and effective treatment for the resident's condition.

f. Services must be reasonable and necessary for the treatment of the resident's condition.

- This includes the requirement that the amount, frequency, and duration of the services must be reasonable and

- Services must be furnished by qualified personnel.

3. For more information on what constitutes reasonable and necessary, refer to the Medicare Benefit Policy Manual (IOM 100-2) or your Medicare contractor.

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INSTRUCTIONAL GUIDANCE

- I. Non-Skilled Therapy Services
 1. Do not include non-skilled services.
 - a. Services provided at the request of the resident or family that are not medically necessary.
 - Even when performed by a therapist or an assistant
 - b. Maintenance treatments or supervision of aides performing maintenance services.
 - Would be considered restorative nursing care when performed by nurses or aides.
 - c. Services performed by the therapist and the assistant once the qualified therapist has designed a maintenance program and discharged the resident from a rehabilitation (i.e., skilled) therapy program.
 - The services may be reported in item O0500 Restorative Nursing Care, provided the requirements for restorative nursing program are met.

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INSTRUCTIONAL GUIDANCE

J. Modes of Therapy

1. When determining the types of therapies, also note the mode of therapy for the following types of therapy services.
 - a. Speech-Language Pathology
 - b. Audiology Services
 - c. Occupational
 - d. Physical
2. The minutes that a resident spends in these types of therapy are counted in one of three modes.
 - a. Individual
 - b. Concurrent (as defined for Medicare Part A and Medicare Part B)
 - c. Group (as defined for Medicare Part A and Medicare Part B)
3. Individual therapy
 - a. One resident is treated by one therapist or assistant at a time.
 - b. Resident receives therapist's or assistant's full attention.
 - c. Treatment may be provided at intermittent times throughout the day.

SLIDES



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INSTRUCTIONAL GUIDANCE

4. Concurrent therapy
 - a. For Medicare Part A, concurrent therapy is defined as:
 - Treatment of 2 residents at the same time
 - Residents are not performing the same or similar activities
 - Both residents must be in line-of-sight of the treating therapist or assistant
 - Regardless of payer source
 - b. For Medicare Part B:
 - Therapy services may not be coded as concurrent therapy.
 - The treatment of two or more residents at the same time is documented as group treatment.
 - Regardless of payer source
 - See your Medicare contractor for guidance on how to code this time.

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5. Group therapy
 - a. For Medicare Part A, group therapy is defined as:
 - Treatment of 2 to 4 residents at the same time
 - Who are performing similar activities
 - Are supervised by a therapist or an assistant who is not supervising any other individuals
 - Regardless of payer source
 - b. For Medicare Part B, the treatment of 2 or more individuals simultaneously is considered group therapy.
 - c. May or may not be performing the same activity.

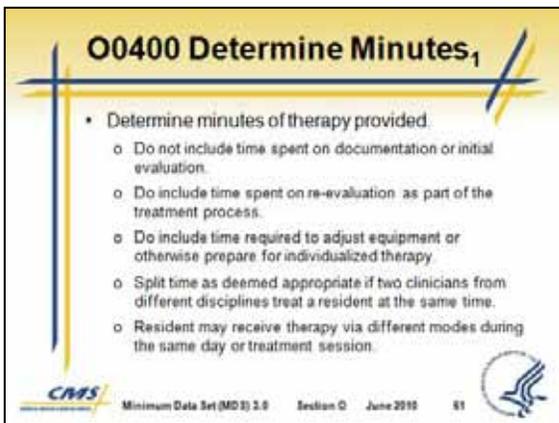
Instructor Notes

Notes

For MDS 3.0 total minutes for the 3 therapy modes should be entered; do not allocate concurrent or apply 25% group minute cap. Specifications for RUG-III and RUG-IV apply the needed rules when calculating the appropriate RUG classification.

Notes

Instructor Notes

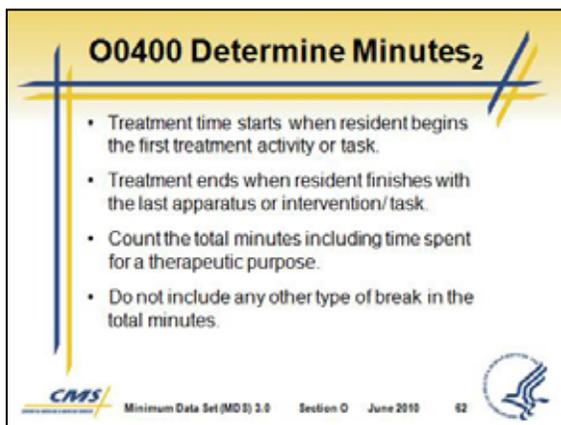


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- K. Determine Minutes
 1. Once the therapies to be included for O0400 are identified, determine the number of minutes of therapy services provided to the resident in each category during the look-back period.
 - a. Do not include time spent on documentation or initial evaluation.

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- b. Do include time spent on re-evaluation as part of the treatment process.
- c. Do include time required to adjust equipment or otherwise prepare for individualized therapy.
- d. When two clinicians, each from a different discipline, treat one resident at the same time, the clinicians must split the time between the two disciplines as they deem appropriate.
 - Each discipline may **not** count the treatment session in full.
 - The time that was split between the two disciplines, when added together, may not exceed the actual total amount of the treatment session.
- e. A resident may receive therapy via different modes during the same day or treatment session.

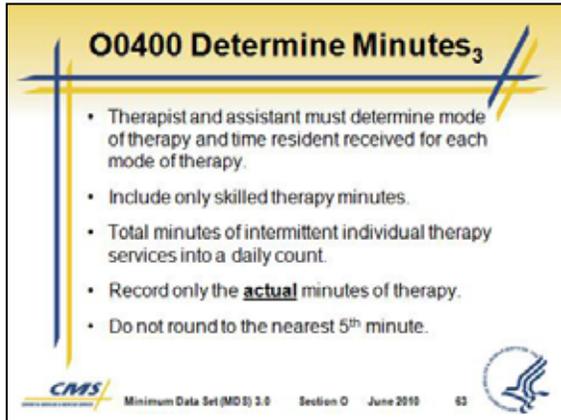


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- 2. Treatment time starts when resident begins the first treatment activity or task.
- 3. Treatment ends when resident finishes with the last apparatus or intervention/ task.
- 4. Count total minutes including spent for a therapeutic purpose.
 - a. For example, if a resident takes a therapeutic rest with monitoring to control heart rate.

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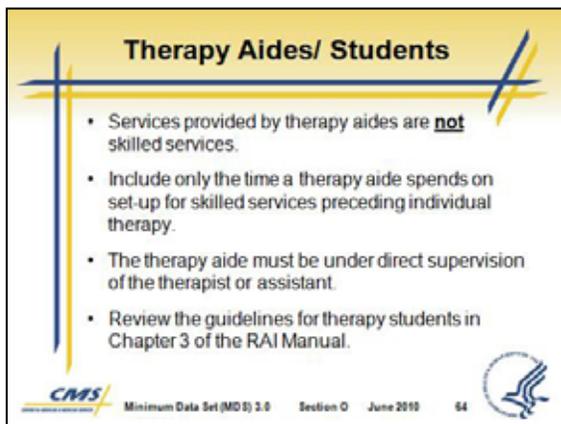
5. Do not include any other type of break in the total minutes.
 - a. Bathroom break
 - b. Nontherapeutic rest

6. The therapist and assistant must determine which mode(s) of therapy and the amount of time the resident receives for each mode.

7. Include only skilled therapy time on the MDS.
 - a. In some instances, the time a resident receives certain modalities is partly skilled and partly unskilled time.
 - For example, a resident is receiving TENS (transcutaneous electrical nerve stimulation) for pain management.
 - The portion of the treatment that is skilled, such as proper electrode placement, establishing proper pulse frequency and duration, and determining appropriate stimulation mode, shall be recorded on the MDS.
 - b. In other instances, some modalities only meet the requirements of skilled therapy in certain situations.
 - For example, the application of a hot pack is often not a skilled intervention.

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- However, when the resident's condition is complicated and the skills, knowledge, and judgment of the therapist are required for treatment, then those minutes associated with skilled therapy time may be recorded on the MDS.
8. Treatment of a resident individually at intermittent times during the day is individual treatment, and the minutes of individual treatment are added for the daily count.
 9. Record only the **actual** minutes of therapy.
 10. Do not round to the nearest 5th minute.

L. Therapy Aides/ Students

1. Therapy Aides cannot provide skilled services.
2. Include only the time a therapy aide spends on set-up for skilled services preceding individual therapy
 - For example, set up the treatment area for wound therapy
 - Code under individual minutes
3. The therapy aide must be under direct supervision of the therapist or assistant.

SLIDES

INSTRUCTIONAL GUIDANCE

Instructor Notes

Determine Minutes Activity Instructions

1. Show the next two slides to set the scenario for this activity.
2. Show the next slide, and direct participants to read the questions.
3. Give participants up to 10 (no more than 15) minutes to calculate the minutes for each mode of therapy for each resident in the scenario.
4. If participants need less time, continue when ready.
5. Conduct a review of the minutes of therapy received for each resident.
6. Allow participants to contribute answers while reviewing the minutes for each mode of therapy for each resident.

Notes

Notes

Instructor Notes

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M. O0400 Calculate Therapy Minutes Practice

1. Mrs. V., whose stay is covered by SNF PPS Part A benefit, begins therapy in an individual session.
2. After 13 minutes the therapist begins working with Mr. S., whose therapy is covered by Medicare Part B.
3. Mrs. V. continues with her skilled intervention and is in line-of-sight of the treating therapist.
4. The therapist provides treatment at the same time to Mrs. V. and Mr. S. for 24 minutes.
5. Mrs. V.'s therapy session ends at this time.
6. The therapist continues to treat Mr. S. individually for 10 minutes.

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SLIDES

O0400 Calculate Minutes Practice Task

- How many minutes of individual therapy did Mrs. V. and Mr. S. receive in this session?
- How many minutes of concurrent therapy did Mrs. V. and Mr. S. receive in this session?
- How many minutes of group therapy did Mrs. V. and Mr. S. receive in this session?

CMS Minimum Data Set (MDS) 3.0 Section O June 2010 67

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O0400 Calculate Minutes Practice Task Calculation

Therapy Minutes (Medicare Part A)			
Resident: Mrs. V			
Day	Individual	Concurrent	Group
Session	13	24	0

Therapy Minutes (Medicare Part B)			
Resident: Mr. S			
Day	Individual	Concurrent	Group
Session	10		24

CMS Minimum Data Set (MDS) 3.0 Section O June 2010 68

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Item O0400 Coding

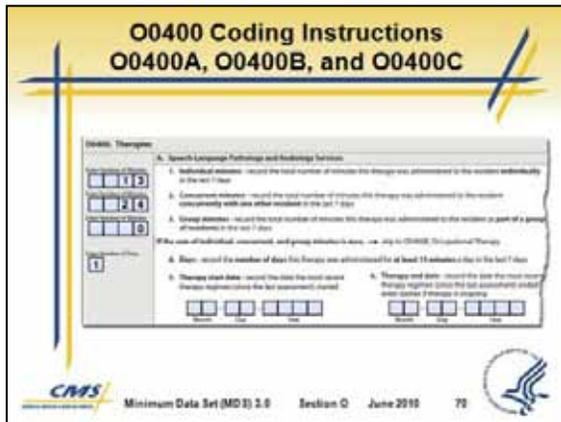
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INSTRUCTIONAL GUIDANCE

- N. O0400 Determine Minutes
1. How many minutes of individual therapy did Mrs. V. and Mrs. S. receive in this session?
 2. How many minutes of concurrent therapy did Mrs. V. and Mrs. S. receive in this session?
 3. How many minutes of group therapy did Mrs. V. and Mrs. S. receive in this session?
- O. O0400 Review Minutes (Mrs. V)
1. Mrs. V. received individual therapy for 13 minutes.
 2. Mrs. V. received concurrent therapy for 24 minutes.
 3. Mrs. V. did not receive any group therapy.
- P. O0400 Review Minutes (Mrs. S)
1. Mrs. S. received individual therapy for 10 minutes.
 2. Mrs. S. cannot be coded for concurrent therapy due to her Medicare Part B benefit status.
 3. Mrs. S. received group therapy for 24 minutes.

VI. Item O0400 Coding

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INSTRUCTIONAL GUIDANCE

- A. O0400 Coding Instructions:
O0400A, B and C
1. Items O0400 A through C include speech-language pathology and audiology services, occupational therapy, and physical therapy services.
 2. Document the following information about each of these services:

This example reflects the coding for Mrs. V from the previous practice problem for calculating minutes.

Assume that Mrs. V. received speech therapy services.

- a. Number of minutes for each mode of therapy

- **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.

Example: Mrs. V. received 13 minutes of individual therapy.

SLIDES

INSTRUCTIONAL GUIDANCE

- **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.

Medicare Part B residents are not coded as concurrent minutes.

Example: Mrs. V. received 24 minutes of concurrent therapy.

- **Group minutes**

Enter the total number of minutes of therapy that was provided in a group in the last 7 days.

Enter **0** if none were provided.

Example: Mrs. V. did not complete any group therapy.

b. Number of days each therapy was administered during the look-back period.

- A day of therapy is defined as treatment for 15 minutes or more during the day.

- Enter the number of days therapy services were provided in the last 7 days.

SLIDES

INSTRUCTIONAL GUIDANCE

- Enter **0** if none was provided **or** if therapy was provided for less than 15 minutes on that day.

For example: If this is the only therapy that Mrs. V. received during the look-back period, then she received one day of therapy services.

c. Therapy start date

- Record the date the most recent therapy regimen (since the most recent entry) started.
- Start dates are not affected by the look-back period.

d. Therapy end date

- Record the date the most recent therapy regimen (since the most recent entry) ended.
- Enter dashes if therapy is ongoing (extends beyond the ARD).

e. A resident may have more than one regimen of therapy treatment during an episode of a stay.

- Code the Therapy Start Date for the most recent episode of treatment for the particular therapy (SLP, PT, or OT).

SLIDES

INSTRUCTIONAL GUIDANCE

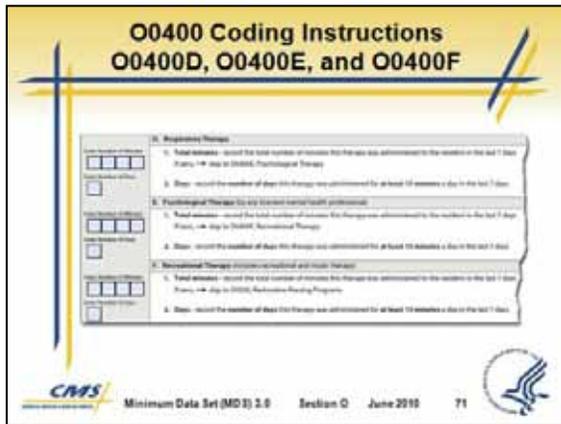
Instructor Notes

O0400A, B, and C Detailed Coding Instructions

- **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.
- **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. 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).
- **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 2 to 4 residents, regardless of payer source, who are performing 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.
- **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. **Enter 0** if none were provided **or** if therapy was provided for less than 15 minutes on that day.
- **Therapy Start Date**—Record the date the most recent therapy regimen (since the most recent entry) started. This is the date the initial therapy evaluation is conducted regardless if treatment was rendered or not.
- **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.

Instructor Notes

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INSTRUCTIONAL GUIDANCE

- B. O0400 Coding Instructions: O0400D, E and F
1. Items O0400 D through F include respiratory, psychological, and recreational therapy services.
 2. Document the following information about each of these services:

Point out these items on the graphic.

- **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 still defined as treatment for 15 minutes or more in the day.

Enter **0** if none were provided **OR** if therapy was provided for less than 15 minutes in the day.
- 3. Notice that these services are not broken down by mode and do not require a start or end date.

SLIDES

INSTRUCTIONAL GUIDANCE

Instructor Notes

Notes

O0400 Coding Practice Activity Instructions

1. Show the next two slides to set the scenario for this activity.
2. Show the next slide, and direct participants to read the questions.
3. Give participants up to 10 (no more than 15) minutes to calculate the minutes for each mode of therapy for each resident in the scenario.
4. If participants need less time, continue when ready.
5. Conduct a review of the minutes of therapy received for each resident.
6. Allow participants to contribute answers while reviewing the minutes for each mode of therapy for each resident.

Notes

Instructor Notes

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C. O0400D Coding Practice

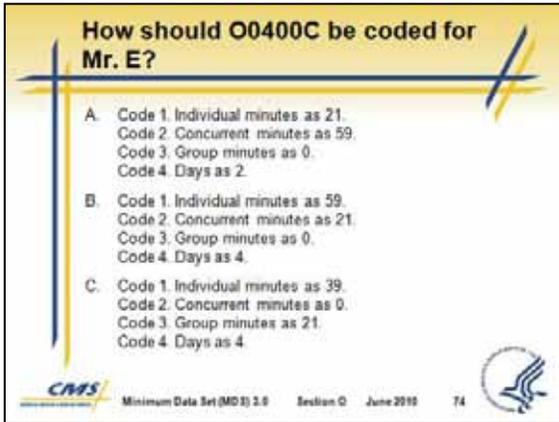
Participants are required to both calculate minutes and code O0400.

1. Mr. E. is covered by SNF PPS Part A benefit.
2. Mr. E. received physical therapy for 20 minutes per day for four days during the look-back period
3. During two of these sessions, the therapist began working with Mr. N. on a separate activity while keeping Mr. E. in line of sight.
4. Mr. E. and Mr. N. received therapy at the same time for 9 minutes in the first session and 12 minutes in the second session.
5. Mr. N. did not receive any other physical therapy services at the same time as Mr. E. during the look-back period.
6. Mr. N. is covered by Medicare Part B benefit.

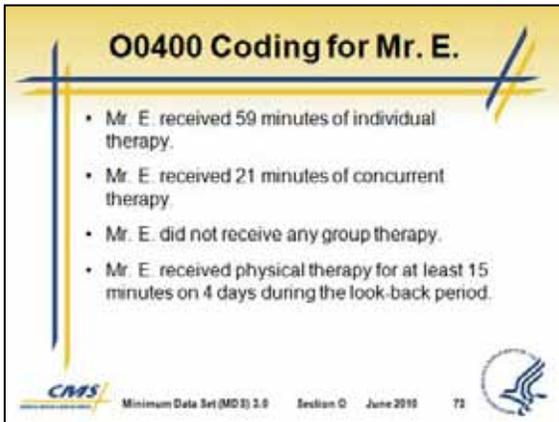
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SLIDES

INSTRUCTIONAL GUIDANCE



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7. How should O0400C be coded for Mr. E.?

a. The correct answer is B.

- Code 1. Individual minutes as 59.
- Code 2. Concurrent minutes as 21.
- Code 3. Group minutes as 0.
- Code 4. Days as 4.

8. O0400 Coding for Mr. E.

a. Mr. E. received 59 minutes of individual therapy.

- 20 minutes on two days
- 11 minutes on a third day
- 8 minutes on a fourth day

b. Mr. E. received 21 minutes of concurrent therapy.

- 9 minutes on one day
- 12 minutes on another day.

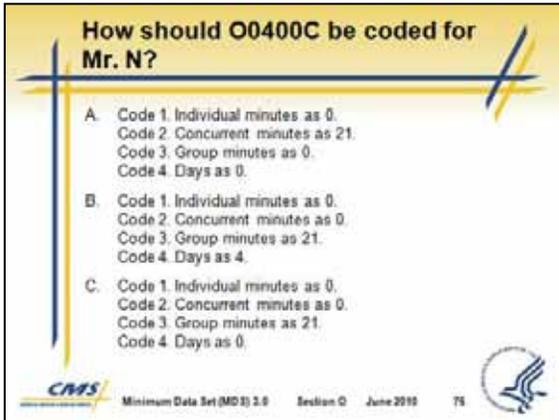
c. Mr. E. did not receive any group therapy.

d. Mr. E. received physical therapy for at least 15 minutes on four days during the look-back period.

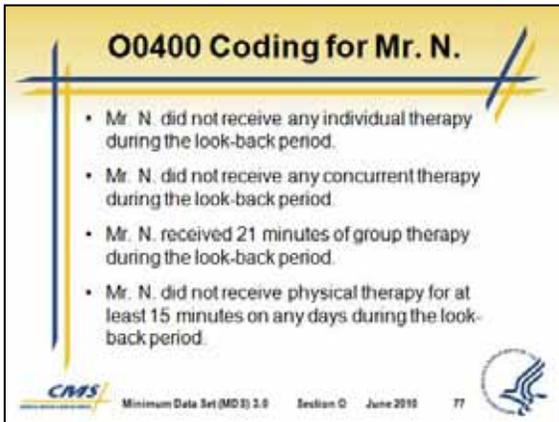
Dates are not provided.

SLIDES

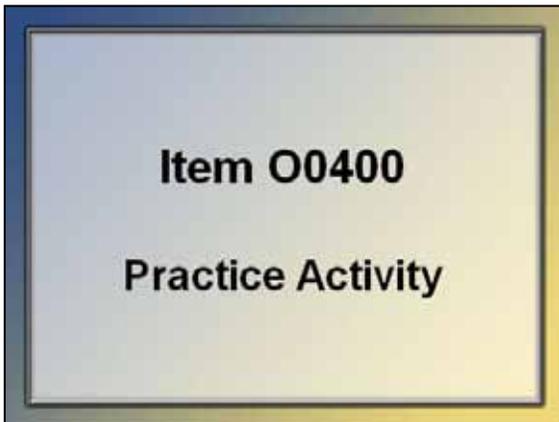
INSTRUCTIONAL GUIDANCE



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9. How should O0400C be coded for Mr. N.?

- a. The correct answer is C.
 - Code 1. Individual minutes as 0.
 - Code 2. Concurrent minutes as 0.
 - Code 3. Group minutes as 21.
 - Code 4. Days as 0.

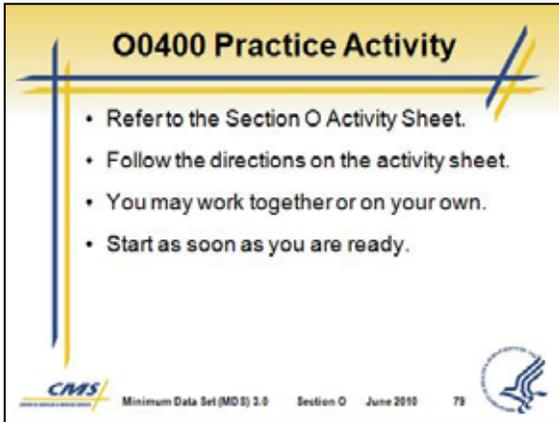
10. O0400 Coding for Mr. N.

- a. Mr. N. did not receive any individual therapy during the look-back period.
- b. Mr. N. did not receive any concurrent therapy during the look-back period.
- c. Mr. N. received 21 minutes of group therapy during the look-back period.
- d. Mr. N. did not receive physical therapy for at least 15 minutes on any days during the look-back period.

VII. O0400 Practice Activity

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- A. O0400 Practice Activity
1. Retrieve the Section O Item O0400 Coding Practice Activity Sheet from your Student Packet.
 2. You have 10 minutes to complete the activity.
 3. You may work together or on your own.
 4. Start as soon as you are ready.

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Instructor Notes

Instructions for O0400 Coding Activity

1. Direct participants to refer to the Section O Item O0400 Activity Sheet.
2. Review instructions for the activity with the participants.
3. Allow participants 10-15 minutes to complete the activity.
4. Participants may work together or alone.
5. If participants need less time, continue when ready.
6. Distribute answer sheets per table as participants work on the activity.
7. Use the next series of slides to review the minutes calculations and correct coding for each item in O0400.
8. If time is running short, skip this activity and distribute the answer sheet for this activity.

Notes

Notes

Instructor Notes

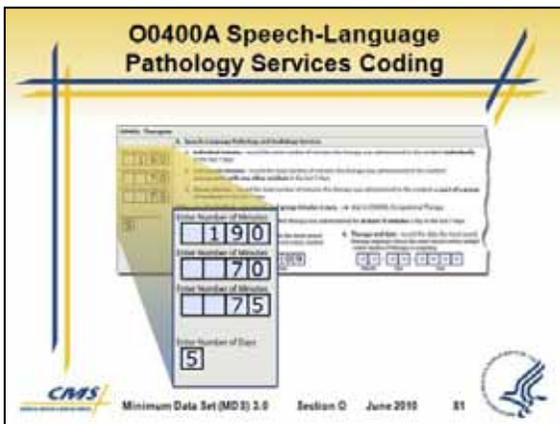
Therapy Minutes (Medicare Part A)			
Resident: Mrs. F Speech – Language Pathology Services			
Day	Individual	Concurrent	Group
Monday	30	35	
Tuesday	30, 20		25
Wednesday	30		25
Thursday	30, 20	35	
Friday	30		25
Saturday			
Sunday			
Total	190	70	75

- A. O0400 Speech-Language Pathology Minutes
1. Individual dysphagia treatments:
 - a. Monday-Friday for 30 minute sessions each day
 2. Cognitive training:
 - a. Monday and Thursday for 35 minute concurrent therapy sessions

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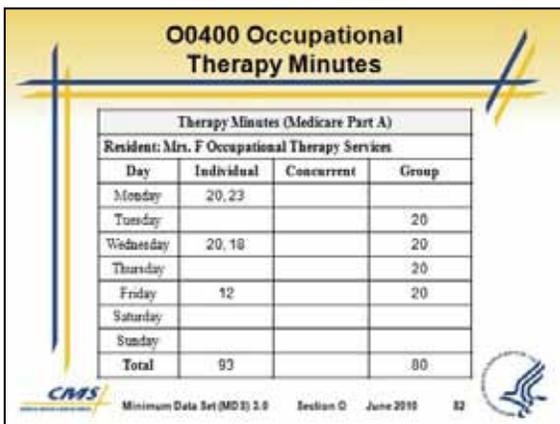
SLIDES	INSTRUCTIONAL GUIDANCE
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- b. Tuesday, Wednesday and Friday 25 minute group sessions
- 3. Individual speech techniques:
 - a. Tuesday and Thursday for 20-minute sessions each day
- 4. Speech-language pathology minutes calculation:
 - a. Individual minutes totaled 190 $[(30 \times 5) + (20 \times 2) = 190]$
 - b. Concurrent minutes totaled 70 $(35 \times 2 = 70)$
 - c. Group minutes totaled 75 $(25 \times 3 = 75)$



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- B. O0400A Speech-Language Pathology Services Coding
 - 1. O0400A1 is coded **190**.
 - 2. O0400A2 is coded **70**.
 - 3. O0400A3 is coded **75**.
 - 4. O0400A4 is coded **5** (resident received therapy services for at least 15 minutes on 5 days of the 7-day look-back period).
 - 5. O0400A5 is coded **10-06-2009**.
 - 6. O0400A6 is coded **with dashes** (services are ongoing).

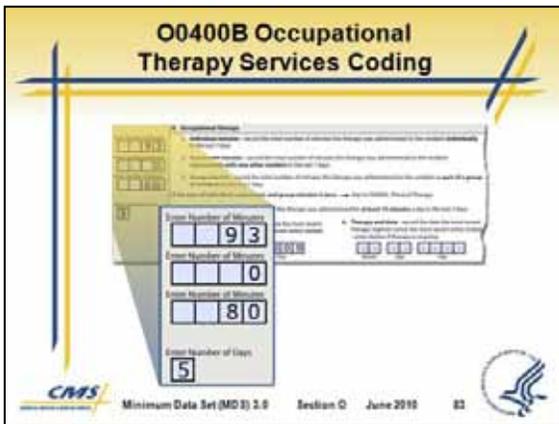


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- C. O0400 Occupational Therapy Services Minutes
 - 1. Individual sitting balance activities:
 - a. Monday and Wednesday for 30-minute co-treatment sessions with PT each day
 - b. OT and PT split the sessions
 - c. OT recording 20 minutes each session
 - d. PT recording 10 minutes each session

SLIDES	INSTRUCTIONAL GUIDANCE
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2. Individual wheelchair seating and positioning:
 - a. Monday, Wednesday, and Friday for the following times: 23 minutes, 18 minutes, and 12 minutes
3. Balance/ coordination activities:
 - a. Tuesday-Friday for 20 minutes each day in group sessions
4. Occupational therapy services minutes calculation:
 - a. Individual minutes totaled 93
 $[(20 \times 2) + 23 + 18 + 12 = 93]$
 - b. Concurrent minutes totaled 0.
 - c. Group minutes totaled 80 ($20 \times 4 = 80$)



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- D. O0400B Occupational Therapy Services Coding
 1. O0400B1 is **coded 93**.
 2. O0400B2 is **coded 0**.
 3. O0400B3 is **coded 80**.
 4. O0400B4 is **coded 5** (resident received services 5 out of the 7 days of the look-back period).
 5. O0400B5 is coded 10-09-2009.
 6. O0400B6 is **coded with dashes** (services are ongoing).

SLIDES

O0400 Physical Therapy Minutes

Therapy Minutes (Medicare Part A)			
Resident: Mrs. F Physical Therapy Services			
Day	Individual	Concurrent	Group
Monday	10, (22 - 5), 7, 35	20	
Tuesday	35	20	
Wednesday	10, 35	20	
Thursday	(27 - 6), 7, 35	20	
Friday	35	20	
Saturday			
Sunday			
Total	247	100	

CMS Minimum Data Set (MDS) 3.0 Section O June 2010 84

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- E. O0400 Physical Therapy Minutes
1. Individual wound debridement and modalities followed by application of routine wound dressing:
 - a. Monday the session lasted 22 minutes, 5 minutes of which were for the application of the dressing.
 - b. On Thursday the session lasted 27 minutes, 6 minutes of which were for the application of the dressing.
 - c. For each session the therapy aide, under in line-of-sight supervision of the therapist, spent 7 minutes preparing the debridement area for needed therapy supplies and equipment for the therapist to conduct wound debridement.
 2. Individual sitting balance activities:
 - a. Monday and Wednesday for 30-minute co-treatment sessions with OT
 - b. OT and PT split the sessions
 - c. OT recorded 20 minutes each session
 - d. PT recorded 10 minutes each session
 3. Individual bed positioning and bed mobility training:
 - a. Monday-Friday for 35 minutes each day
 4. Concurrent therapeutic exercises:
 - a. Monday-Friday for 20 minutes each day

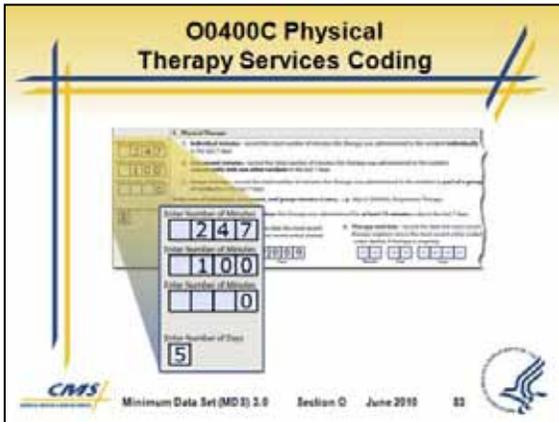
SLIDES

INSTRUCTIONAL GUIDANCE

5. Physical therapy services minutes calculation
 - a. Individual minutes totaled 247 $[(10 \times 2) + (35 \times 5) + (22 - 5) + 7 + (27 - 6) + 7 = 247]$
 - b. Concurrent minutes totaled 100 $(20 \times 5 = 100)$
 - c. Group minutes totaled 0

F. O0400C Physical Therapy Services Coding

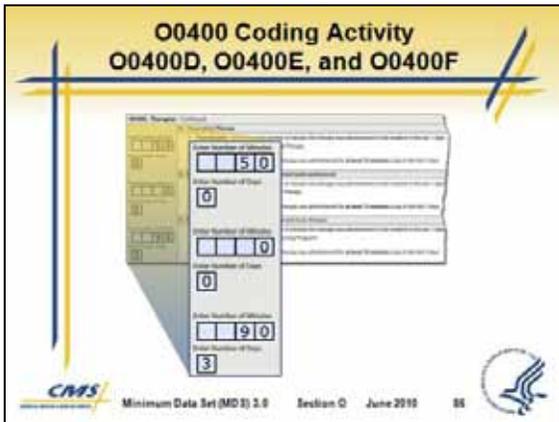
1. O0400C1 is **coded 247**.
2. O0400C2 is **coded 100**.
3. O0400C3 is **coded 0**.
4. O0400C4 is **coded 5** (resident received services 5 out of the 7 days of the look-back period).
5. O0400C5 is coded 10-07-2009.
6. O0400C6 is **coded with dashes** (services are ongoing).



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G. Respiratory Therapy Services

1. Respiratory therapy services were provided Sunday-Thursday for 10 minutes each day.
2. O0400D Coding
 - a. O0400D1 is coded **50** (total minutes were 50 over the 7-day look-back period).
 - b. O0400D2 is coded **0**.
 - c. Although a total of 50 minutes of respiratory therapy services were provided over the 7-day look-back period, there were not any days that respiratory therapy was provided for 15 minutes or more.



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SLIDES

INSTRUCTIONAL GUIDANCE

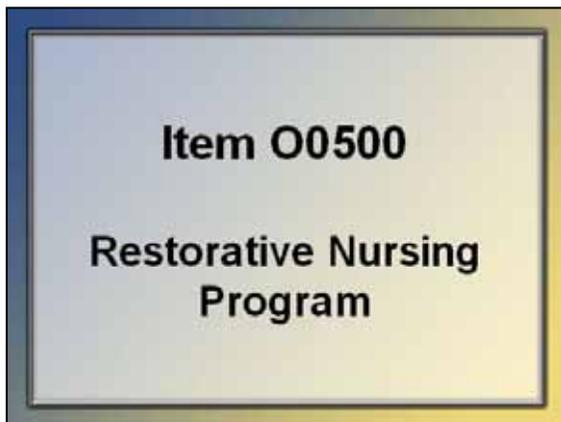
d. Therefore, O0400D2 equals **zero days**.

H. Psychological Therapy Services

1. Psychological therapy services were not provided at all over the 7-day look-back period.
2. O0400E1 and O0400E2 are both coded **0**.

I. Recreational Therapy Services

1. Recreational therapy services provided on Tuesday, Wednesday, and Friday for 30-minute sessions each day.
2. O0400F Coding
 - a. O0400F1 is coded 90.
 - b. O0400F2 is coded 3.
 - c. Total minutes were 90 over the 7-day look-back period ($30 \times 3 = 90$).
 - d. Sessions provided were longer than 15 minutes each day, therefore each day recreational therapy was performed can be counted.



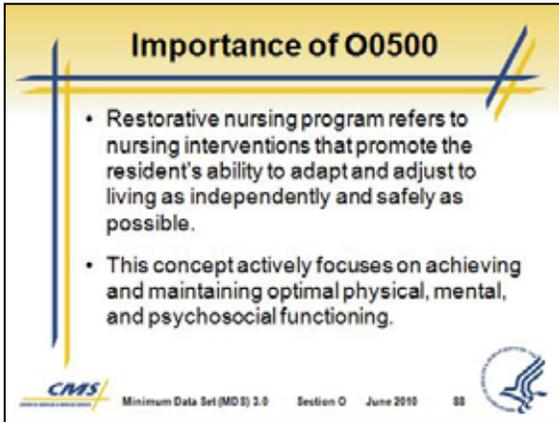
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VIII. Item O0500 Restorative Nursing Care

- A. Item 0500 documents the amount of time a resident receives care that meets the criteria of a restorative nursing program.

SLIDES

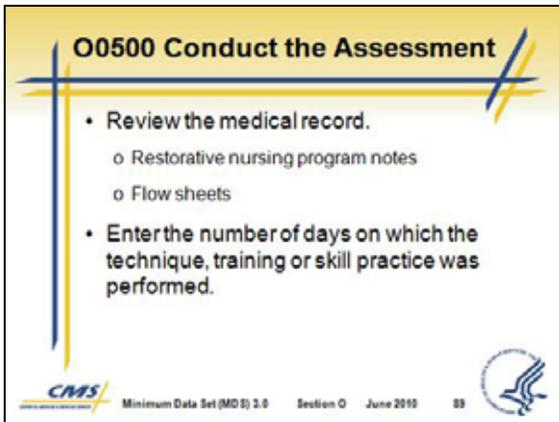
INSTRUCTIONAL GUIDANCE



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B. Importance of O0500

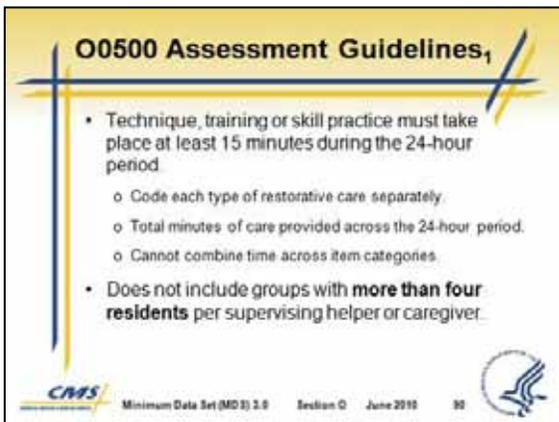
1. Restorative nursing program refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible.
2. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning.



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C. O0500 Conduct the Assessment

1. Review the medical record.
 - a. Restorative nursing program notes
 - b. Flow sheets
2. Enter the number of days on which the technique, training or skill practice was performed.

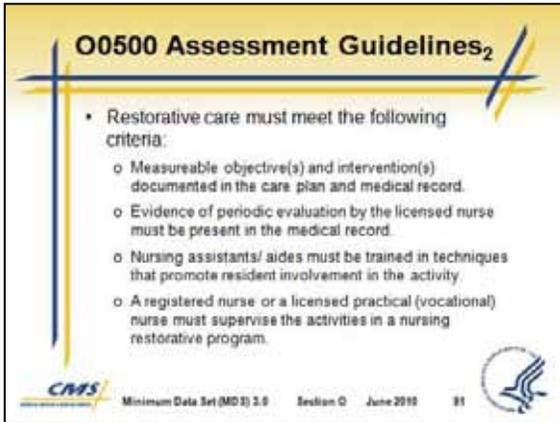


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D. O0500 Assessment Guidelines

1. Technique, training or skill practice must take place at least 15 minutes during the 24-hour period.
 - a. Code each type of restorative care separately.
 - b. Document the total minutes of care provided across the 24-hour period.
 - c. Cannot combine time across item categories.
2. This category does not include groups with more than four residents per supervising helper or caregiver.

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3. Restorative care must meet the following criteria:
 - a. Measureable objective(s) and intervention(s) documented in the care plan and 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 record.

Instructor Notes	
Notes	<p>Assessment of the objectives and interventions of a restorative nursing program should be an ongoing process, not just during the care planning process in order to achieve the best outcomes possible.</p>
Instructor Notes	

- b. Evidence of periodic evaluation by the licensed nurse must be present in the medical record.

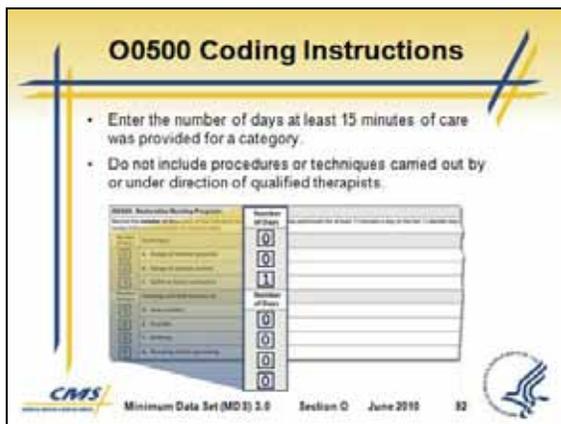
SLIDES

INSTRUCTIONAL GUIDANCE

- 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.
- c. Nursing assistants/ aides must be trained in the techniques that promote resident involvement in the activity.
- d. A registered nurse or a licensed practical (vocational) nurse must supervise the activities in a nursing restorative program.

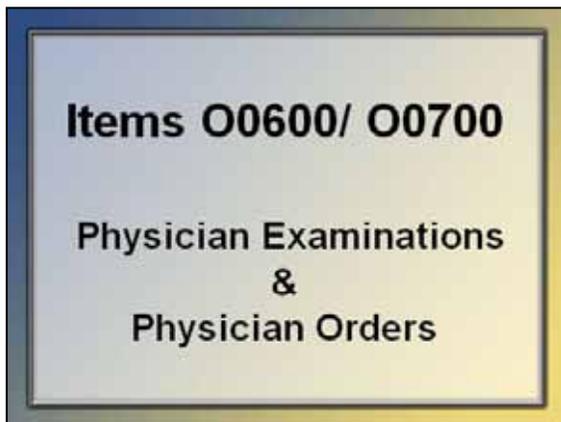
E. O0500 Coding Instructions

1. Enter the number of days at least 15 minutes of care was provided for a category.
2. Do not include procedures or techniques carried out by or under direction of qualified therapists.
3. Guidelines for each category are provided in Chapter 3 of the RAI Manual.

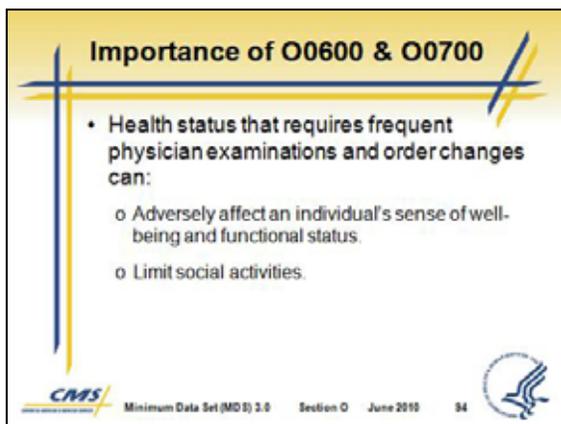


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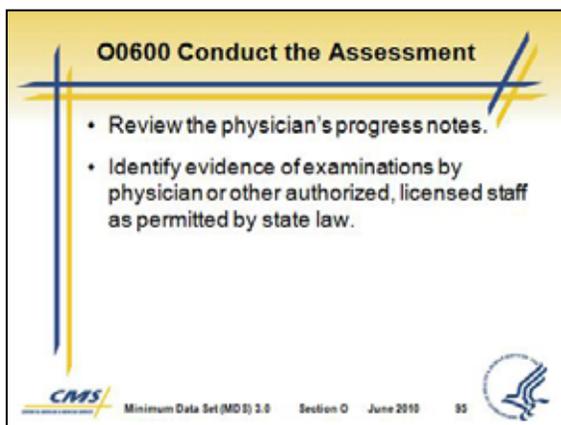
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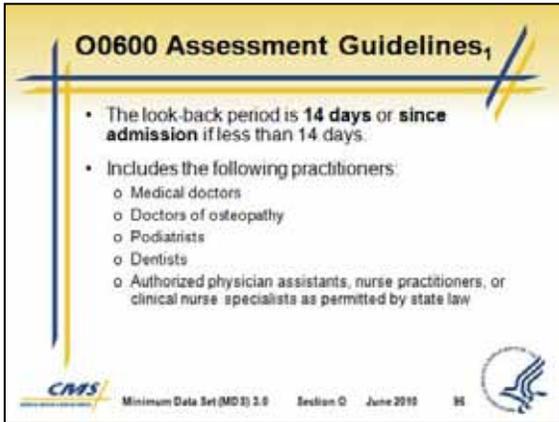
INSTRUCTIONAL GUIDANCE

IX. Item O0600 & O0700 Physician Examinations

- A. Item 0600 documents the number of days a physician or other authorized, licensed staff as permitted by state law examined the resident during the look-back period.
- B. Item 0700 documents the number of days that a resident's orders were changed by a physician other authorized, licensed staff as permitted by state law.
- C. Frequency of physician examinations and order changes can be an indication of medical complexity and the stability of the resident's health status.
- D. Importance of O0600 and O0700
 - 1. Health status that requires frequent physician examinations and order changes can:
 - 2. Adversely affect an individual's sense of well-being and functional status
 - 3. Limit social activities.
- E. O0600 Conduct the Assessment
 - 1. Review the physician's progress notes.
 - 2. Identify evidence of examinations:
 - a. Physician
 - b. Other authorized practitioners

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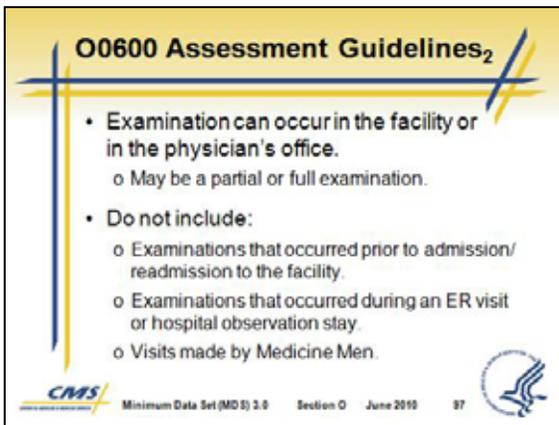
INSTRUCTIONAL GUIDANCE



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F. O0600 Assessment Guidelines

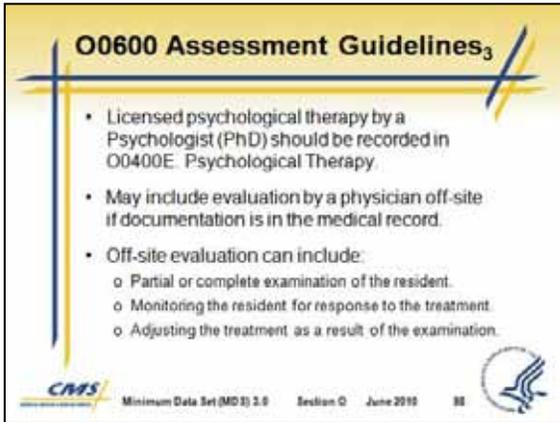
1. The look-back period is **14 days** or **since admission** if less than 14 days.
2. Includes examinations by the following practitioners:
 - a. Medical doctors
 - b. Doctors of osteopathy
 - c. Podiatrists
 - d. Dentists
 - e. Authorized physician assistants, nurse practitioners, or clinical nurse specialists working in collaboration with the physician as permitted by state law



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3. Examination can occur in the facility or in the physician's office.
 - a. May be a partial or full examination.
4. Do not include:
 - a. Examinations that occurred prior to admission/readmission to the facility
 - For example, during the resident's acute care stay.
 - b. Examinations that occurred during an emergency room visit or hospital observation stay.
 - c. Visits made by Medicine Men.

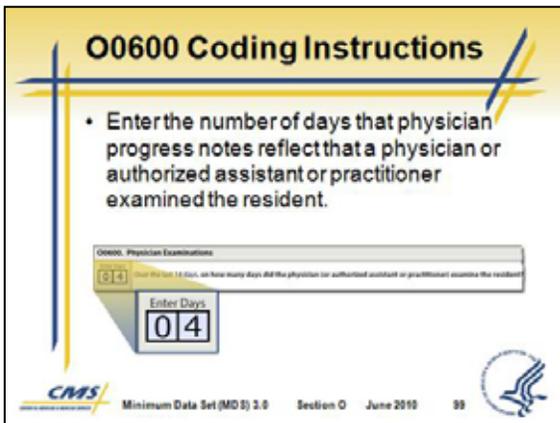
SLIDES



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5. Licensed psychological therapy by a Psychologist (PhD) should be recorded in O0400E. Psychological Therapy.
6. May include evaluation by a physician off-site if documentation is in the medical record.
 - a. For example, while undergoing dialysis or radiation therapy.
7. Off-site evaluation can include:
 - a. Partial or complete examination of the resident.
 - b. Monitoring the resident for response to the treatment.
 - c. Adjusting the treatment as a result of the examination.



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G. O0600 Coding Instructions

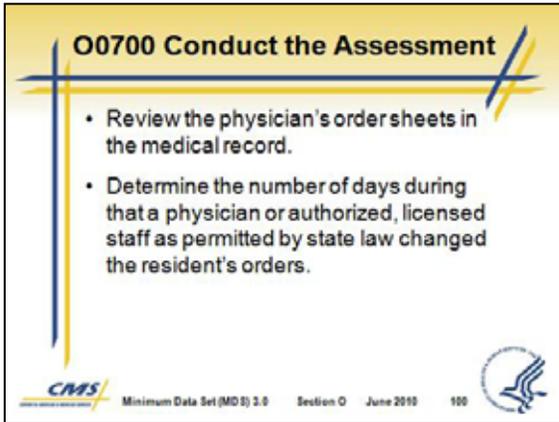
1. Enter the number of days that physician progress notes reflect that a physician examined the resident.

Point out the example on this graphic.

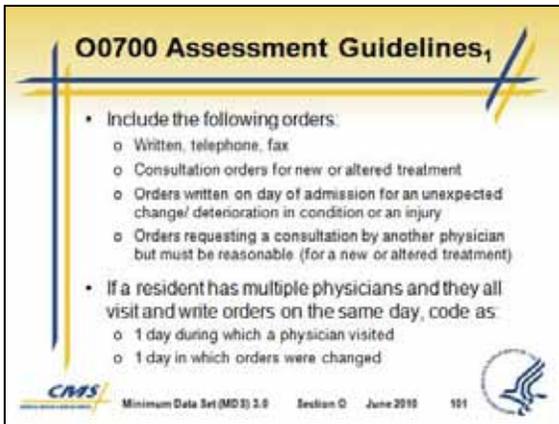
This example indicates that the physician or authorized assistant or practitioner examined the resident on 4 days during the 14-day look-back period.

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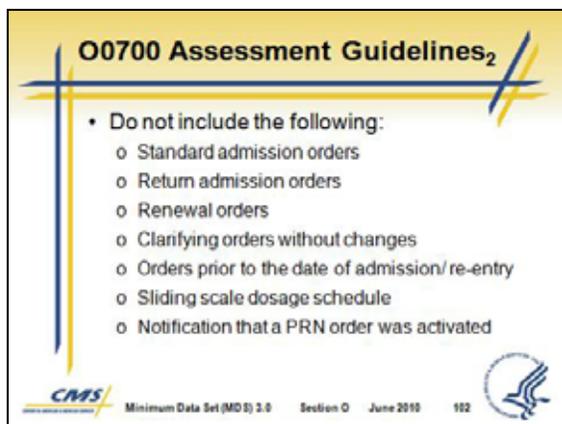
H. O0700 Conduct the Assessment

1. Review the physician order sheets in the medical record.
2. Determine the number of days during that a physician or authorized, licensed staff as permitted by state law changed the resident's orders.

I. O0700 Assessment Guidelines

1. Include the following orders:
 - a. Written, telephone, fax
 - b. Consultation orders for new or altered treatment
 - c. Orders written on the day of admission as a result for an unexpected change/ deterioration in condition or injury are considered as new or altered treatment orders.
 - d. Orders requesting a consultation by another physician but must be reasonable (for a new or altered treatment).
2. An order written on the last day of the MDS observation period for a consultation planned 3-6 months in the future should be carefully reviewed.
 - a. For example, a resident's physician ordered a podiatrist consult every three months or PRN as needed.
 - b. This order should be counted only once in the attribution period.

SLIDES	INSTRUCTIONAL GUIDANCE
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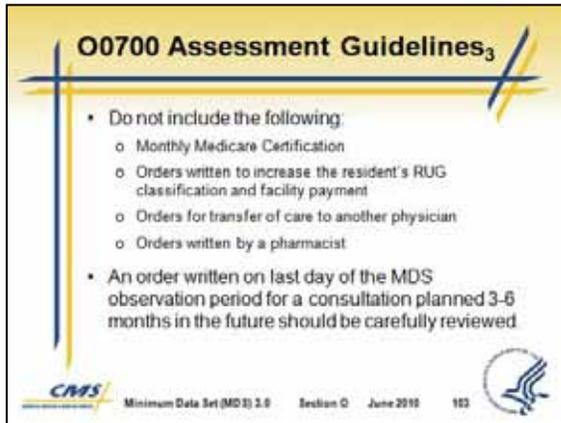


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- c. The podiatrist visit should not count as a separate order on each visit.
 - d. Count the observation (only once if found during the original observation (look-back period).
3. Do not include the following:
- a. Standard admission orders
 - b. Return admission orders
 - The prohibition against counting standard admission or readmission orders applies.
 - Regardless of whether or not the orders are given at one time or are received at different times on the date of admission or readmission.
 - c. Renewal orders
 - d. Clarifying orders without changes
 - e. Orders prior to the date of admission or re-entry
 - f. Sliding scale dosage schedule written to cover different dosages depending on lab values
 - Does **not** count as an order change simply because a different dose is administered based on the sliding scale guidelines.
 - g. Notification that a PRN order was activated

SLIDES

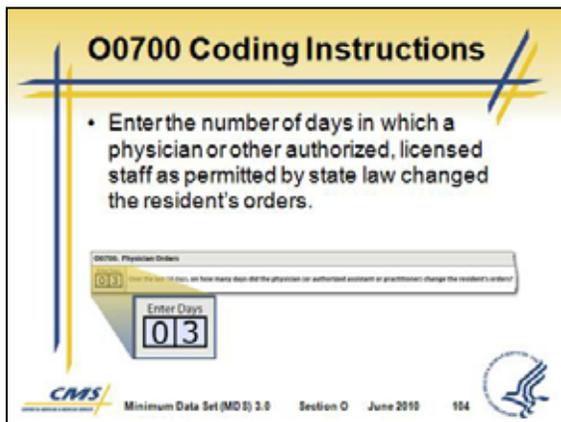
INSTRUCTIONAL GUIDANCE



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- When a PRN (as needed) order was already on file, the potential need for the service had already been identified.

4. Do not include the following:
 - a. Monthly Medicare Certification
 - b. Orders written to increase the resident's RUG classification and facility payment
 - c. Orders for transfer of care to another physician
 - d. Orders written by a pharmacist
5. If a resident has multiple physicians (e.g., surgeon, cardiologist, internal medicine), and they all visit and write orders on the same day, the MDS must be coded as:
 - a. 1 day during which a physician visited
 - b. 1 day in which orders were changed



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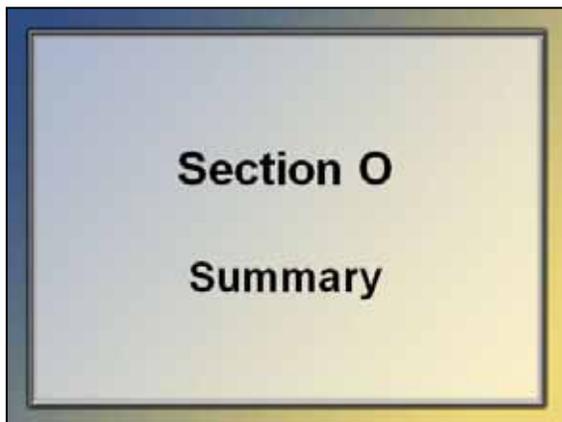
- J. O0700 Coding Instructions
 1. Enter the number of days in which a physician changed the resident's orders.

Point out the example on this graphic.

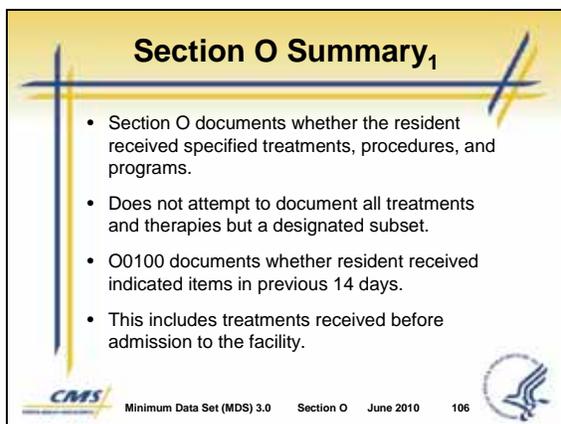
This example indicates that the physician or authorized assistant or practitioner changed the resident's orders on 3 days during the 14-day look-back period.

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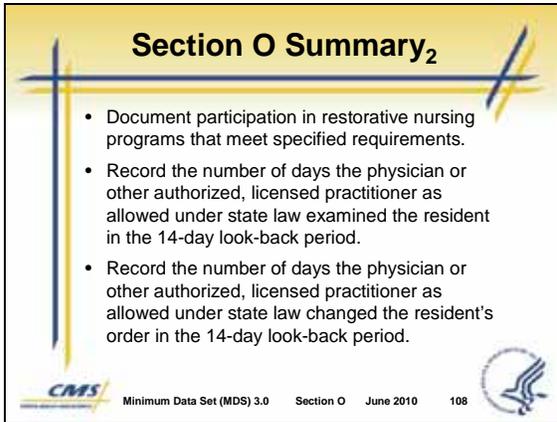
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X. Section O Summary

- A. Section O documents whether the resident received specified treatments, procedures, and programs.
- B. Does not attempt to document all treatments and therapies but a designated subset.
- C. O0100 documents whether resident received indicated items in previous 14 days.
- D. This includes treatments received before admission to the facility.
- E. Document receipt of Influenza and Pneumococcal vaccines.
- F. Include the reason the resident did not received these vaccines if applicable.
- G. Document therapies the resident received:
 1. Total minutes of therapy.
 2. Total minutes by mode of therapy if applicable.
 3. Modes of therapy include individual, concurrent, and group.
 4. Number of days of therapy in the look-back period.

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5. Start and end dates of therapy services.

H. Document participation in restorative nursing programs that meet specified requirements.

I. Record the number of days the physician or other authorized, licensed practitioner as allowed under state law examined the resident in the 14-day look-back period.

J. Record the number of days the physician or other authorized, licensed practitioner as allowed under state law changed the resident's order in the 14-day look-back period.

