

# **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, and 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.

# Intent of Section O

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

# Applicable Treatments, Procedures, & Programs

- Section O is not an all inclusive list of potential therapies, procedures, and programs.
- Many more therapies, procedures , and programs are available that play a vital role in health and quality of life.
- MDS 3.0 documents data about a defined subset of these programs.

# Criteria for Applicable Treatments, Procedures, & Programs

- Applicable treatments/ procedures include:
  - Services provided by or under the direction of a qualified occupational or physical therapist
  - Skilled therapy services only
  - Respiratory, psychological, and recreational therapy that meet specific criteria only
- Applicable treatments/ procedures do not include:
  - Services provided solely in conjunction with surgical services and diagnostic services
  - Non-skilled services

**Item 00100**

**Special Treatments,  
Procedures,  
and Programs**

# Importance of O0100

- Can have a profound effect on an individual's:
  - Health status
  - Self-image
  - Dignity
  - Quality of life



# 00100 Conduct the Assessment/ Assessment Guidelines

- Review the resident's medical record.
- Determine if resident received any of the special treatments and programs listed in O0100.
- Consider treatments received both before and after the resident was admitted or reentered the facility.
- Do **not** code services provided solely in conjunction with a surgical or diagnostic procedure.
- The look-back period is **14 days**.

# O0100 Column 1 Coding Instructions

- Document treatments received **before** becoming a resident of the facility.
- Check all treatments received by the resident:
  - **Prior** to admission/ reentry to the facility
  - **Within** the 14-day look-back period
- Check **Z**. None of the above if resident:
  - Was admitted/ reentered during the look-back period
  - Did not receive any of the treatments listed
- Leave Column 1 **blank** if resident was admitted or reentered facility more than 14 days ago.

# 00100 Column 2 Coding Instructions

- Document treatments received **after** becoming a resident of the facility.
- Check all treatments received by the resident:
  - **After** admission/ reentry to the facility.
  - **Within** the 14-day look-back period.
- Check **Z**. None of the above if none of the treatments apply during the look-back period.
- Do not leave this column blank.

# 00100 Coding Options<sub>1</sub>

## A. Chemotherapy

- o Code any type of chemotherapy agent administered as an antineoplastic given by any route.
- o Code only drugs used for cancer treatment.

## C. Oxygen Therapy

- o Code continuous or intermittent oxygen administered via mask, cannula, etc., delivered to relieve hypoxia.
- o Code oxygen used in BiPAP/ CPAP here.
- o Do not code hyperbaric oxygen for wound therapy.

# 00100 Coding Options<sub>2</sub>

## H. IV Medications

- o Code any drug or biological given by intravenous push, epidural pump, or drip through a central or peripheral port.
- o May code epidural, intrathecal, and baclofen pumps.
- Do not code:
  - o Flushes to keep an IV access port patent
  - o IV fluids without medication
  - o Subcutaneous pumps
  - o Medications administered during dialysis or chemotherapy
  - o Dextrose 50% or Lactated Ringers given by IV

# 00100 Coding Options<sub>3</sub>

## J. Dialysis

- o Code peritoneal or renal dialysis.
- o Record treatments of hemofiltration, SCUF, CAVH, and CAPD.
- IVs, IV medication, and blood transfusions administered during dialysis or chemotherapy are considered part of the procedure.
  - o **Do not code under items K0500A (Parenteral/ IV), O0100H (IV medications), and O0100I (transfusions).**

# 00100 Coding Options<sub>4</sub>

## M. Isolation or Quarantine for Active Infectious Disease

- o Code only when the resident requires strict isolation or quarantine alone in a separate room because of active infection with a communicable disease in an attempt to prevent spread of illness.
- o Do not code this item if the resident only has a **history** of infectious disease, but facility policy requires cohorting of similar infectious disease conditions.
- o Do not code this item if the “isolation” primarily consists of body/ fluid precautions, because these types of precautions apply to everyone.

# O0100 Scenario

- A resident received the following treatments one week prior to entering the facility:
  - Chemotherapy for cancer
  - IV medications
- After entering the facility, the resident continued radiation treatments for cancer 10 days after entering the facility and stopped IV medications after 3 days in the facility.

# 00100 Scenario Coding

00100. Special Treatments and Programs		
Check all of the following treatments, programs and procedures that were performed during the last 14 days		
<b>1. While NOT a Resident</b> Procedure performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank  <b>2. While a Resident</b> Procedure performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
<b>Cancer Treatments</b>		
A. Chemotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Radiation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Respiratory Treatments</b>		
C. Oxygen		
D. Suction		
E. Tracheostomy		
F. Ventilation		
G. BiPAP/CPAP	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>		
H. IV medications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>
J. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
K. Hospitalization		
L. Respiratory therapy		
M. Isolation (special precautions)	<input type="checkbox"/>	<input type="checkbox"/>
None of the Above		
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

<b>Cancer Treatments</b>		
A. Chemotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Radiation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other</b>		
H. IV medications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Item 00250**

**Influenza Vaccine**

# Importance of O0250

- Institutional Influenza A outbreak can result in:
  - o 60% of the population becoming ill.
  - o 25% develop complications severe enough to result in hospitalization or death.
- Influenza associated mortality results from:
  - o Pneumonia
  - o Dehydration
  - o Subsequent events exacerbated by Influenza



# 00250 Conduct the Assessment

1. Review the medical record to determine:
  - o If the resident received an Influenza vaccination
  - o Where the vaccination was administered
2. Ask resident if received Influenza vaccine outside of the facility for the year's Influenza season.
3. Ask a responsible party/ legal guardian and/ or primary care physician if resident is unable to answer.

# 00250 Assessment Guidelines

- Influenza season set every year by the CDC.
- Administer the vaccination according to standards of clinical practice if vaccine status cannot be determined.

# O0250 Coding

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

# 00250A Coding Instructions

- Code **0. No** if the resident did not receive a vaccine **in the facility** for this year's Influenza season.
- Code **1. Yes** if the resident did receive a vaccine in the facility.

**00250. Influenza Vaccine** - Refer to current version of RAI manual for current flu season and reporting period

Enter Code	<b>A. Did the resident receive the Influenza vaccine <u>in this facility</u> for this year's Influenza season?</b>
<input type="checkbox"/>	0. No → Skip to O0250C, If Influenza vaccine not received, state reason
	1. Yes → Continue to O0250B, Date vaccine received

0	No	→
1	Yes	→

# 00250B Coding Instructions

- Enter date the vaccine was received.
- Use a zero to complete any single digit values.
- Enter a dash if part of the date is unknown.

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

01 - 09 - 2010  
Month Day Year

# 00250C Coding Instructions

- Code a reason the vaccine was not administered in the facility.
- Code **9** if the reason is unknown or none of the reasons listed.

Enter Code

**C. If Influenza vaccine not received, state reason:**

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

**C. If Influenza vaccine not received, state reason:**

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

Medical Vaccine

# 00250 Scenario

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

# O0250 Scenario Coding

- Code O0250A as **0. No.**
- Skip O0250B (leave spaces blank).
- Code O0250C as **9. None of the above.**
- 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.
- None of the codes in O0250C are applicable.

# O0250 Practice #1

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

# How should O0250A be coded?

- A. Code **0**. No.
- B. Code **1**. Yes.

# O0250A Coding

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

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

Enter Code	A. Did the resident receive the Influenza vaccine <u>in this facility</u> for this year's Influenza season?
0	0. No → Skip to O0250C, If Influenza vaccine not received, state reason
	1. Yes → Continue to O0250B, Date vaccine received

Enter Code	A.
0	

# How should O0250C be coded?

- A. Code **1**. Resident not in facility during this year's Influenza season.
- B. Code **2**. Received outside of this facility.
- C. Code **3**. Not eligible - medical contraindication.
- D. Code **4**. Offered and declined.
- E. Code **5**. Not offered.
- F. Code **6**. Inability to obtain vaccine due to a declared shortage.
- G. Code **9**. None of the above.

# 00250C Coding

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

The image shows a screenshot of the MDS 3.0 form for item 00250C. The form is titled "C. If Influenza vaccine not received, state reason:". Below the title are four numbered options: 1. Resident not in facility during this year's flu season, 2. Received outside of this facility, 3. Not eligible - medical contraindication, and 4. Offered and declined. A yellow box highlights the number "3" in the "Enter Code" field. A second, larger white box with a blue border also highlights the number "3" in its "Enter Code" field, and it partially overlaps the text "C. vaccine due to a declared shortage" which is visible to the right of the form.

**Item 00300**

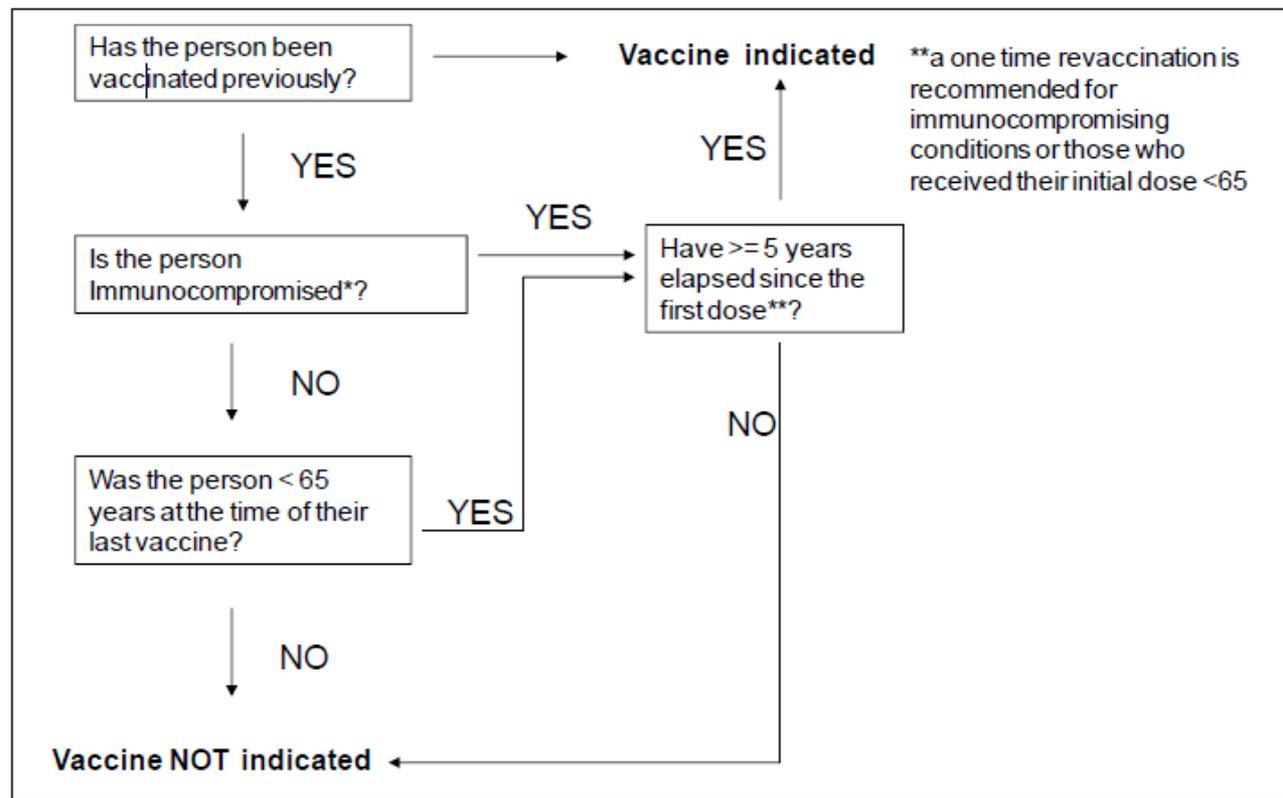
**Pneumococcal Vaccine**

# Importance of O0300

- Pneumococcal disease accounts for more deaths than any other vaccine-preventable bacterial disease.
- Case fatality rates for pneumococcal bacteremia are approximately 20%.\*
- They can be as high as 60% in the elderly.\*

\*CDC, 2009

# 00300 Conduct the Assessment<sub>1</sub>



Adopted from the CDC Recommendations and Reports, Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP)

# 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.

# Should Mr. T receive a Pneumococcal Vaccine?

- A. Yes.
- 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.

# 00300 Conduct the Assessment<sub>2</sub>

1. Review the medical record to determine whether the resident received a Pneumococcal vaccine.
2. Ask the resident if he or she received a Pneumococcal vaccine.
3. Ask a responsible party/ legal guardian and/ or primary care physician if the resident is unable to answer.

# 00300 Assessment Guidelines

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

# 00300A Coding Instructions

- Code **0. No** if the resident's Pneumococcal vaccine status is not up to date or is undetermined.
- Code **1. Yes** if the resident's Pneumococcal vaccine status is up to date.

00300. Pneumococcal Vaccine	
Enter Code	A. Is the resident's Pneumococcal vaccination up to date?
<input type="checkbox"/>	0. No → Continue to O0300B, If Pneumococcal vaccine not received, state reason
	1. Yes → Skip to O0400, Therapies

0 No → Co  
1 Yes → Sk

# 00300B Coding Instructions

- Code a reason if the resident did not receive a Pneumococcal vaccine.

Enter Code <input type="checkbox"/>	<b>B. If Pneumococcal vaccine not received, state reason:</b> 1. Not eligible - medical contraindication 2. Offered and declined 3. Not offered
--	--

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

# O0300 Scenario

- Mr. L. is 72 years old.
- He received the Pneumococcal vaccine at his physician's office last year.

# O0300 Scenario Coding

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

O0300. Pneumococcal Vaccine	
Enter Code	<b>A. Is the resident's Pneumococcal vaccination up to date?</b>
<input type="text" value="1"/>	0. No → Continue to O0300B, If Pneumococcal vaccine not received, state reason
	1. Yes → Skip to O0400, Therapies

Enter Code	<b>A.</b>
<input type="text" value="1"/>	

# O0300 Practice

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

# How should O0300A be coded?

- A. Code **0**. No.
- B. Code **1**. Yes.

# O0300A Coding

- Mrs. A. received the Pneumococcal vaccine prior to the age of 65.
- Guidelines suggest that she should be revaccinated since she is over the age of 65 and 5 years have passed since her original vaccination.
- Mrs. A received the Pneumococcal vaccine in the facility.

**Item 00400**

**Therapies Overview**

# Importance of O0400<sub>1</sub>

- Maintaining as much independence as possible is critically important to most people.
- Functional decline can lead to:
  - Depressed mood
  - Withdrawal
  - Social isolation
  - Breathing problems
  - Complications of immobility
- Contributes to diminished quality of life.

# Importance of O0400<sub>2</sub>

- The qualified therapist, physician, and nursing administration are responsible for determining:
  - Necessity for therapy services to be provided
  - Frequency and duration of therapy services
- Rehabilitation 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.

# Purpose of O0400 Therapies

- Determine :
  - Therapy(ies) the resident received
  - Mode for each therapy received
  - How many minutes the resident spent in each mode of therapy during the look-back period
  - Number of days of therapy during the look-back period
- Document the start and end date of each therapy.

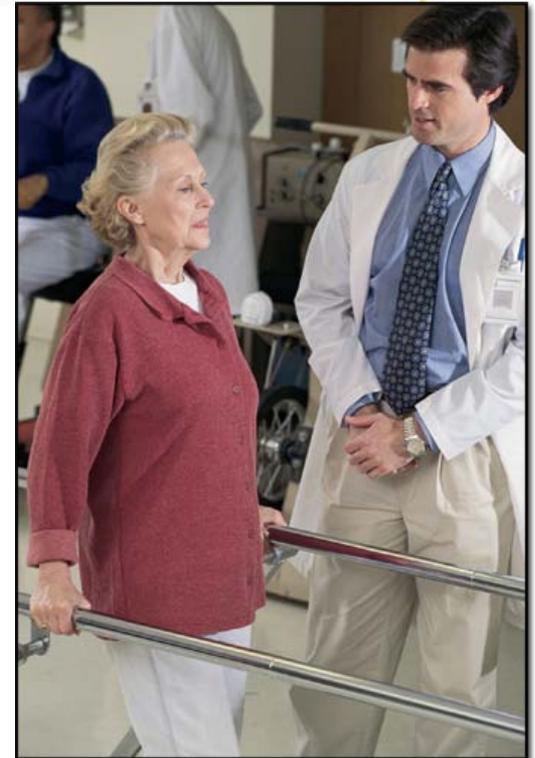


# Applicable Therapies

- Medically necessary therapies that occurred after admission/ reentry to the facility.
- Ordered by qualified staff based on a qualified therapist's assessment and treatment plan.
- Documented in the resident's medical record.
- Care planned and periodically evaluated.
- May occur either inside or outside of the facility.

# 00400 Conduct the Assessment

- Review the resident's medical record.
  - Rehabilitation therapy evaluation
  - Treatment records
  - Recreation therapy notes
  - Mental health professional progress notes
- Consult with each of the qualified care providers.



# O0400 Determine Applicable Therapies<sub>1</sub>

- Include only services provided once actually living/ being cared for at the facility.
- Do **NOT** include therapies that occurred while the resident was:
  - An inpatient at a hospital or recuperative/ rehabilitation center or other long-term care facility
  - The recipient of home care or community-based services

# O0400 Determine Applicable Therapies<sub>2</sub>

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

# O0400 Determine Applicable Therapies<sub>3</sub>

- Respiratory, psychological and recreational therapy must meet the requirements for skilled therapy outlined in Chapter 3 of the RAI Manual.
- Include services provided by a qualified physical/ occupational therapy assistant employed by the facility only if under the direction of a qualified therapist.
- Do **not** include therapeutic services that are not specifically listed in the RAI Manual or on the MDS item set even if provided by specialists.

# Skilled Therapy Services<sub>1</sub>

- Required for Speech-Language Pathology (SLP), Physical Therapy (PT), and Occupational Therapy (OT) services.
- Ordered (Part A) or certified (Part B) by a physician.
- Directly and specifically related to an active written treatment plan.
- Requires the judgment, knowledge, and skills of a therapist.
- Provided with expectation that the condition of resident will improve materially in a reasonable and generally predictable period of time.

# Skilled Therapy Services<sub>2</sub>

- Considered to be specific and effective treatment for the resident's condition.
- Must be reasonable and necessary for the treatment of the resident's condition:
  - Amount
  - Frequency
  - Duration of the services
  - Furnished by qualified personnel
- For more information, refer to the Medicare Benefit Policy Manual (CMS IOM 100-2) or your Medicare contractor.

# Non-Skilled Therapy Services

- Do not include non-skilled services:
  - Services provided at the request of the resident or family that are not medically necessary.
  - Maintenance treatments or supervision of aides performing maintenance services.
  - Services provided after a resident has been discharged from rehabilitation.

# Modes of Therapy<sub>1</sub>

- Three modes of therapy:
  - Individual
  - Concurrent (as defined for Medicare Part A and Part B)
  - Group (as defined for Medicare Part A and Part B)
- Individual therapy
  - One resident treated by one therapist/ assistant at a time.
  - Resident receives therapist/ assistant's full attention.
  - Therapy students must have a supervising therapist/ assistant.
  - Treatment may be provided at intermittent times.

# Modes of Therapy<sub>2</sub>

- Concurrent therapy (Medicare Part A)
  - Two residents treated at the same time.
  - Not performing same or similar activities.
  - Both residents must be in line-of-sight of treating therapist or assistant.
  - Regardless of payer source for the second resident.
- Concurrent therapy (Medicare Part B)
  - Treatment of 2 or more residents at the same time is documented as **group** treatment.
  - Regardless of payer source.

# Modes of Therapy<sub>3</sub>

- Group therapy (Medicare Part A)
  - Treatment of 2 – 4 residents at the same time.
  - Who are performing similar activities.
  - Who are supervised by therapist or assistant not supervising any other individuals.
  - Regardless of payer source.
- Group therapy (Medicare Part B)
  - Treatment of 2 or more individuals simultaneously.
  - Who may or may not be performing the same activity.
  - Regardless of payer source.

# O0400 Determine Minutes<sub>1</sub>

- Do not include time spent on documentation or initial evaluation.
- Do include time spent on subsequent reevaluation as part of the treatment process.
- Do include family education when the resident is present.
- Split time as deemed appropriate if two clinicians from different disciplines treat a resident at the same time.
- Resident may receive therapy via different modes during the same day or treatment session.

# O0400 Determine Minutes<sub>2</sub>

- Treatment time starts when resident begins the first treatment activity or task.
- Treatment ends when resident finishes with the last apparatus or intervention/ task.
- Count the total minutes including time spent for a therapeutic purpose.
- Do not include any other type of break in the total minutes.

# 00400 Determine Minutes<sub>3</sub>

- Therapist and assistant must determine mode of therapy and time resident received for each mode of therapy.
- Include only skilled therapy minutes.
- Total minutes of intermittent individual therapy services into a daily count.
- Record only the **actual** minutes of therapy.
- Do not round to the nearest 5<sup>th</sup> minute.

# Therapy Aides/ Students

- Services provided by therapy aides are not skilled services.
- Include only the time spent on set-up preceding skilled services.
- Code under the appropriate mode for the skilled therapy.
- The therapy aide must be under direct supervision of the therapist or assistant.
- The therapist or assistant must be in the facility and immediately available.
- Review the guidelines for therapy students in Chapter 3 of the RAI Manual.

# Set-Up Time

- Do include time required to adjust equipment or otherwise prepare for individualized therapy.
- Set-up may be performed by the therapist, therapy assistant, or therapy aide.
- Set-up time shall be recorded under the mode for which the resident receives initial treatment when he or she receives more than one mode of therapy per visit.

# 00400 Calculate Minutes Practice Scenario<sub>1</sub>

- Mrs. V., whose stay is covered by SNF PPS Part A benefit, begins therapy in an individual session.
- After 13 minutes, the therapist begins working with Mr. S., whose therapy is covered by Medicare Part B.
- Mrs. V. continues with her skilled intervention and is in line-of-sight of the treating therapist.

# 00400 Calculate Minutes

## Practice Scenario<sub>2</sub>

- Mrs. V. and Mr. S. are not performing the same or similar activities.
- The therapist provides treatment during the same time period to Mrs. V. and Mr. S. for 24 minutes.
- Mrs. V.'s therapy session ends at this time.
- The therapist continues to treat Mr. S. individually for 10 minutes.

# 00400 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?

# 00400 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

**Item 00400**

**Coding**

# O0400 Coding Instructions

## O0400A, O0400B, and O0400C

O0400. Therapies	
<p>Enter Number of Minutes  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 3</p> <p>Enter Number of Minutes  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 4</p> <p>Enter Number of Minutes  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0</p> <p>Enter Number of Days  <input type="text"/> <input type="text"/> 1</p>	<p><b>A. Speech-Language Pathology and Audiology Services</b></p> <ol style="list-style-type: none"> <li><b>Individual minutes</b> - record the total number of minutes this therapy was administered to the resident <b>individually</b> in the last 7 days</li> <li><b>Concurrent minutes</b> - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> in the last 7 days</li> <li><b>Group minutes</b> - record the total number of minutes this therapy was administered to the resident as <b>part of a group of residents</b> in the last 7 days</li> </ol> <p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0400B, Occupational Therapy</p> <ol style="list-style-type: none"> <li><b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days</li> <li><b>Therapy start date</b> - record the date the most recent therapy regimen (since the last assessment) started  <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                      Month Day Year</li> <li><b>Therapy end date</b> - record the date the most recent therapy regimen (since the last assessment) ended enter dashes if therapy is ongoing  <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                      Month Day Year</li> </ol>

# O0400A, B, C Coding Instructions

## Individual Minutes

- Documents services provided by one therapist or assistant to one resident at a time.
- 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.

# O0400A, B, C Coding Instructions Concurrent/ Group Minutes

- Enter the total number of minutes of therapy provided on a concurrent or group basis in the last 7 days.
- Enter **0** if none were provided.
- Remember that Medicare Part B residents are not coded with concurrent minutes.

# O0400A, B, C Coding Instructions

## Days of Therapy

- Defined as skilled treatment for 15 minutes or more during the day.
- Use total minutes of therapy provided to determine if the day is counted.
- Enter the number of days therapy services were provided in the last 7 days.
- Code **0** if therapy was provided but for less than 15 minutes every day for the last 7 days.
- Leave blank if total number of minutes is zero.

# O0400A, B, C Coding Instructions

## Therapy Start Date/ End Date<sub>1</sub>

- Record the dates the most recent therapy regimen started and ended.
- Record dates for the therapy regimen since the most recent entry.
- Start dates are not affected by the look-back period.
- A resident may have more than one regimen of therapy treatment during an episode of a stay.
- Code the start date for the most recent episode of treatment for a particular therapy.

# O0400A, B, C Coding Instructions

## Therapy Start Date/ End Date<sub>2</sub>

- Enter dashes if therapy is ongoing (extends beyond the ARD).
- Therapy is considered to be ongoing for a Medicare Part A stay of eight days or less if:
  - Resident was discharged, and therapy was planned to continue had the resident remained in the facility.
  - Resident's SNF benefit exhausted, and therapy continued to be provided.
  - Resident's payer source changed, and therapy continued to be provided.

# O0400 Coding Instructions

## O0400D, O0400E, and O0400F

Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>D. Respiratory Therapy</b>
	1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400E, Psychological Therapy
	2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days
Enter Number of Days <input type="text"/>	<b>E. Psychological Therapy</b> (by any licensed mental health professional)
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400F, Recreational Therapy
Enter Number of Days <input type="text"/>	2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>F. Recreational Therapy</b> (includes recreational and music therapy)
Enter Number of Days <input type="text"/>	1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0500, Restorative Nursing Programs
	2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days

# 00400 Practice<sub>1</sub>

- Mr. E. is covered by SNF PPS Part A benefit.
- Mr. E. received physical therapy for 20 minutes per day for four days during the look-back period
- During two of these sessions, the therapist began working with Mr. N. on a different activity while keeping Mr. E. in line of sight.

# 00400 Practice<sub>2</sub>

- 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.
- Mr. N. did not receive any other physical therapy services at the same time as Mr. E. during the look-back period.
- Mr. N. is covered by Medicare Part B benefit.

# How should O0400C be coded for Mr. E?

- A. Code 1. Individual minutes as 21.  
Code 2. Concurrent minutes as 59.  
Code 3. Group minutes as 0.  
Code 4. Days as 2.
- B. Code 1. Individual minutes as 59.  
Code 2. Concurrent minutes as 21.  
Code 3. Group minutes as 0.  
Code 4. Days as 4.
- C. Code 1. Individual minutes as 39.  
Code 2. Concurrent minutes as 0.  
Code 3. Group minutes as 21.  
Code 4. Days as 4.

# O0400 Coding for Mr. E.

- Mr. E. received 59 minutes of individual therapy.
- Mr. E. received 21 minutes of concurrent therapy.
- Mr. E. did not receive any group therapy.
- Mr. E. received physical therapy for at least 15 minutes on 4 days during the look-back period.

# How should O0400C be coded for Mr. N?

- A. Code 1. Individual minutes as 0.  
Code 2. Concurrent minutes as 21.  
Code 3. Group minutes as 0.  
Code 4. Days as 0.
- B. Code 1. Individual minutes as 0.  
Code 2. Concurrent minutes as 0.  
Code 3. Group minutes as 21.  
Code 4. Days as 4.
- C. Code 1. Individual minutes as 0.  
Code 2. Concurrent minutes as 0.  
Code 3. Group minutes as 21.  
Code 4. Days as 0.

# O0400 Coding for Mr. N.

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

**Item 00400**

**Practice Activity**

# O0400 Practice Activity

- Refer to the Section O Activity Sheet.
- Follow the directions on the activity sheet.
- You may work together or on your own.
- Start as soon as you are ready.

# O0400 Speech – Language Pathology Services Minutes

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			
<b>Total</b>	190	70	75

# O0400A Speech-Language Pathology Services Coding

**O0400. Therapies**

**A. Speech-Language Pathology and Audiology Services**

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group** of residents in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400B, Occupational Therapy

4. **Therapy frequency** - record the number of days this therapy was administered for **at least 15 minutes** a day in the last 7 days

5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

Enter Number of Minutes: 1 9 0

Enter Number of Minutes: 7 0

Enter Number of Minutes: 7 5

Enter Number of Days: 5

Enter Number of Minutes: 1 9 0

Enter Number of Minutes: 7 0

Enter Number of Minutes: 7 5

Enter Number of Days: 5

Year: 1 0

Month: - - Day: - - Year: - - - -

# O0400 Occupational Therapy Services Minutes

Therapy Minutes (Medicare Part A)			
Resident: Mrs. F Occupational Therapy Services			
Day	Individual	Concurrent	Group
Monday	20 + 23		
Tuesday			20
Wednesday	20 + 18		20
Thursday			20
Friday	12		20
Saturday			
Sunday			
<b>Total</b>	<b>93</b>		<b>80</b>

# O0400B Occupational Therapy Services Coding

**B. Occupational Therapy**

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group** of residents in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400C, Physical Therapy

4. This therapy was administered for **at least 15 minutes** a day in the last 7 days

5. **Therapy start date** - record the date the most recent (most recent entry) started

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

Enter Number of Minutes:

Enter Number of Minutes:

Enter Number of Minutes:

Enter Number of Days:

Enter Number of Minutes:

Enter Number of Minutes:

Enter Number of Minutes:

Enter Number of Days:

Year:

Month:  Day:  Year:

# O0400 Physical Therapy Services 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			
<b>Total</b>	247	100	

# O0400C Physical Therapy Services Coding

**C. Physical Therapy**

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group** of residents in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400D, Respiratory Therapy

4. **Days this therapy was administered for at least 15 minutes a day in the last 7 days**

5. **Therapy start date** - record the date the most recent (most recent entry) started

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

Enter Number of Minutes: 2 4 7

Enter Number of Minutes: 1 0 0

Enter Number of Minutes: 0 0 0

Enter Number of Days: 5

Enter Number of Minutes: 2 4 7

Enter Number of Minutes: 1 0 0

Enter Number of Minutes: 0 0 0

Enter Number of Days: 5

Year: 2 0 1 0

Month: - - Day: - - Year: - - - -

# O0400 Coding Activity

## O0400D, O0400E, and O0400F

**O0400. Therapies - Continued**

**D. Respiratory Therapy**

1. Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days

Enter Number of Minutes:   
 Enter Number of Days:

therapy was administered for at least 15 minutes a day in the last 7 days

---

E. Physical Therapy (excluding occupational and music therapy)

Enter Number of Minutes:   
 Enter Number of Days:

of minutes this therapy was administered to the resident in the last 7 days

therapy was administered for at least 15 minutes a day in the last 7 days

---

F. Occupational Therapy (excluding physical and music therapy)

Enter Number of Minutes:   
 Enter Number of Days:

of minutes this therapy was administered to the resident in the last 7 days

therapy was administered for at least 15 minutes a day in the last 7 days

---

G. Music and Art Therapy (excluding physical and occupational therapy)

Enter Number of Minutes:   
 Enter Number of Days:

of minutes this therapy was administered to the resident in the last 7 days

therapy was administered for at least 15 minutes a day in the last 7 days

**Item 00500**

**Restorative Nursing  
Program**

# Importance of O0500

- 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.

# 00500 Conduct the Assessment

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

# 00500 Assessment Guidelines<sub>1</sub>

- Technique, training or skill practice must take place at least 15 minutes during the 24-hour period.
  - Code each type of restorative care separately.
  - Total minutes of care provided across the 24-hour period.
  - Cannot combine time across item categories.
- Does not include groups with **more than four residents** per supervising helper or caregiver.

# 00500 Assessment Guidelines<sub>2</sub>

- Restorative care must meet the following criteria:
  - o Measureable objective(s) and intervention(s) documented in the care plan and medical record.
  - o Evidence of periodic evaluation by the licensed nurse must be present in the medical record.
  - o Nursing assistants/ aides must be trained in techniques that promote resident involvement in the activity.
  - o A registered nurse or a licensed practical (vocational) nurse must supervise the activities in a nursing restorative program.

# O0500 Coding Instructions

- Enter the number of days at least 15 minutes of care was provided for a category.
- Do not include procedures or techniques carried out by or under direction of qualified therapists.

O0500. Restorative Nursing Programs		Number of Days	
Record the <b>number of days</b> each of the following restorative nursing techniques 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	<input type="text" value="0"/>	
<input type="text" value="0"/>	A. Range of motion (passive)	<input type="text" value="0"/>	
<input type="text" value="0"/>	B. Range of motion (active)	<input type="text" value="1"/>	
<input type="text" value="1"/>	C. Splint or brace assistance	<input type="text" value="0"/>	
Number of Days	Training and Skill Practice In:	Number of Days	
<input type="text" value="0"/>	D. Bed mobility	<input type="text" value="0"/>	
<input type="text" value="0"/>	E. Transfer	<input type="text" value="0"/>	
<input type="text" value="0"/>	F. Walking	<input type="text" value="0"/>	
<input type="text" value="0"/>	G. Dressing and/or grooming	<input type="text" value="0"/>	

**Items 00600/ 00700**

**Physician Examinations  
&  
Physician Orders**

# Importance of O0600 & O0700

- Health status that requires frequent physician examinations and order changes can:
  - Adversely affect an individual's sense of well-being and functional status.
  - Limit social activities.

# O0600 Conduct the Assessment

- Review the physician's progress notes.
- Identify evidence of examinations by physician or other authorized, licensed staff as permitted by state law.

# 00600 Assessment Guidelines<sub>1</sub>

- The look-back period is **14 days** or **since admission** if less than 14 days.
- Includes the following practitioners:
  - Medical doctors
  - Doctors of osteopathy
  - Podiatrists
  - Dentists
  - Authorized physician assistants, nurse practitioners, or clinical nurse specialists as permitted by state law

# 00600 Assessment Guidelines<sub>2</sub>

- Examination can occur in the facility or in the physician's office.
  - May be a partial or full examination.
- Do not include:
  - Examinations that occurred prior to admission/readmission to the facility.
  - Examinations that occurred during an ER visit or hospital observation stay.
  - Visits made by Medicine Men.

# O0600 Assessment Guidelines<sub>3</sub>

- Licensed psychological therapy by a Psychologist (PhD) should be recorded in O0400E. Psychological Therapy.
- May include evaluation by a physician off-site if documentation is in the medical record.
- Off-site evaluation can include:
  - Partial or complete examination of the resident.
  - Monitoring the resident for response to the treatment.
  - Adjusting the treatment as a result of the examination.

# 00600 Coding Instructions

- Enter the number of days that physician progress notes reflect that a physician or authorized assistant or practitioner examined the resident.

**00600. Physician Examinations**

Enter Days   Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident?

Enter Days

# 00700 Conduct the Assessment

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

# 00700 Assessment Guidelines<sub>1</sub>

- Include the following orders:
  - Written, telephone, fax
  - Consultation orders for new or altered treatment
  - Orders written on day of admission for an unexpected change/ deterioration in condition or an injury
  - Orders requesting a consultation by another physician but must be reasonable (for a new or altered treatment)
- If a resident has multiple physicians and they all visit and write orders on the same day, code as:
  - 1 day during which a physician visited
  - 1 day in which orders were changed

# 00700 Assessment Guidelines<sub>2</sub>

- Do not include the following:
  - Standard admission orders
  - Return admission orders
  - Renewal orders
  - Clarifying orders without changes
  - Orders prior to the date of admission/ re-entry
  - Sliding scale dosage schedule
  - Notification that a PRN order was activated

# 00700 Assessment Guidelines<sub>3</sub>

- Do not include the following:
  - Monthly Medicare Certification
  - Orders written to increase the resident's RUG classification and facility payment
  - Orders for transfer of care to another physician
  - Orders written by a pharmacist
- An order written on last day of the MDS observation period for a consultation planned 3-6 months in the future should be carefully reviewed.

# 00700 Coding Instructions

- Enter the number of days in which a physician or other authorized, licensed staff as permitted by state law changed the resident's orders.

**00700. Physician Orders**

Enter Days   Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?

Enter Days

# **Section O**

## **Summary**

# Section O Summary<sub>1</sub>

- Section O documents whether the resident received specified treatments, procedures, and programs.
- Does not attempt to document all treatments and therapies but a designated subset.
- O0100 documents whether resident received indicated items in previous 14 days.
- This includes treatments received before admission to the facility.

# Section O Summary<sub>2</sub>

- Document receipt of Influenza and Pneumococcal vaccines.
- Include the reason the resident did not received these vaccines if applicable.
- Document therapies the resident received:
  - Total minutes of therapy.
  - Total minutes by mode of therapy if applicable.
  - Modes of therapy include individual, concurrent, and group.
  - Number of days of therapy in the look-back period.
  - Start and end dates of therapy services.

# Section O Summary<sub>3</sub>

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