

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.

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
 - Non-skilled services

Item 00100

**Special Treatments,
Procedures,
and Programs**

Importance of O0100

- Can have a profound effect on an individual's:
 - o Health status
 - o Self-image
 - o Dignity
 - o 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 procedure.
- The look-back period is **14 days**.

O0100 Column 1 Coding Instructions

- Document treatments received **before** becoming a resident of the facility.
1. Check all treatments received by the resident:
 - **Prior** to admission/ reentry to the facility
 - **Within** the 14-day look-back period
 2. Check **Z**. None of the above if resident:
 - Was admitted/ reentered during the look-back period
 - Did not receive any of the treatments listed
 3. 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 Options₁

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 Options₂

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 Options₃

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).**

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		
1. While NOT a Resident 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 2. While a Resident 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 ↓	
Cancer Treatments		
A. Chemotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Radiation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Respiratory Treatments		
C. Oxygen		
D. Suction		
E. Tracheostomy		
F. Ventilation		
G. BiPAP/CPAP	<input type="checkbox"/>	<input type="checkbox"/>
Other		
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"/>

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

O0250A 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.

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?
<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?
<input type="text" value="0"/>	0. No → Skip to O0250C, If Influenza vaccine not received, state reason
	1. Yes → Continue to O0250B, Date vaccine received

Enter Code	A.
<input type="text" value="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.

O0250C 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 O0250C coding interface. It features a list of reasons for not receiving the influenza vaccine, with option 3, 'Not eligible - medical contraindication', highlighted. A separate box shows the code '3' entered into the 'Enter Code' field.

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

Enter Code

C. vaccine due to a declared shortage

Item 00300

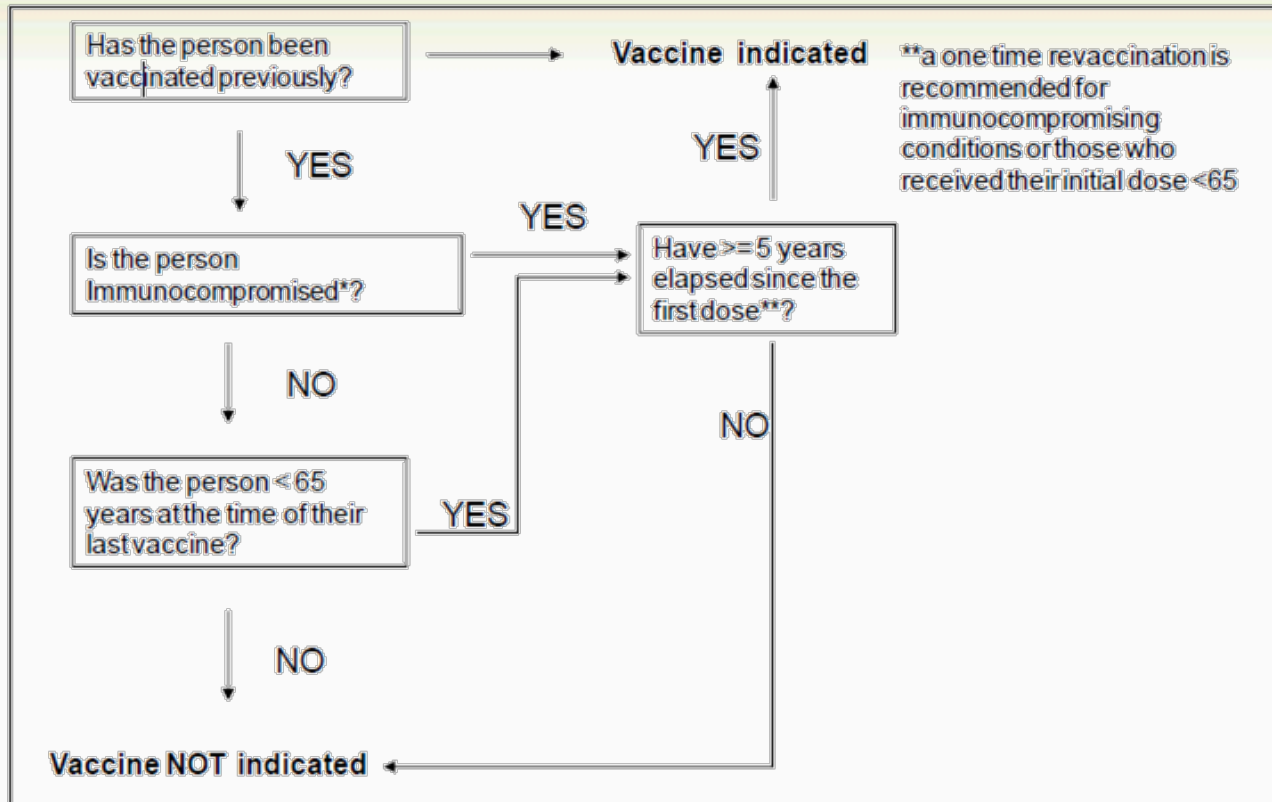
Pneumococcal Vaccine

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 Assessment₁



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 Assessment₂

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.

O0300A 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.

O0300. 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

O0300B Coding Instructions

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

Enter Code <input type="checkbox"/>	B. If Pneumococcal vaccine not received, state reason: 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	A. Is the resident's Pneumococcal vaccination up to date?
<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	A.
<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 O0400₁

- 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 O0400₂

- 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/ readmission to the nursing home.
- 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 Therapies₁

- 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 Therapies₂

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

O0400 Determine Applicable Therapies₃

- 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 Services₁

- 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 Services₂

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

Modes of Therapy₁

- 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.
 - Treatment may be provided at intermittent times throughout the day.

Modes of Therapy₂

- 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.
- 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 Therapy₃

- Group therapy (Medicare Part A)
 - Treatment of 2 – 4 residents at the same time.
 - Who are performing similar activities.
 - Supervised by therapist or assistant who are 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.

O0400 Determine Minutes₁

- Determine minutes of therapy provided.
 - Do not include time spent on documentation or initial evaluation.
 - Do include time spent on re-evaluation as part of the treatment process.
 - Do include time required to adjust equipment or otherwise prepare for individualized therapy.
 - 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 Minutes₂

- 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.

O0400 Determine Minutes₃

- 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 5th minute.

Therapy Aides/ Students

- Services provided by therapy aides are **not** skilled services.
- Include only the time a therapy aide spends on set-up for skilled services preceding individual therapy.
- The therapy aide must be under direct supervision of the therapist or assistant.
- Review the guidelines for therapy students in Chapter 3 of the RAI Manual.

00400 Calculate Minutes Practice Scenario₁

- 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.

O0400 Calculate Minutes

Practice Scenario₂

- The therapist provides treatment at the same time 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

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Days

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

<input type="text" value=""/>	<input type="text" value=""/>	-	<input type="text" value=""/>	<input type="text" value=""/>	-	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Month	Day		Year						

<input type="text" value=""/>	<input type="text" value=""/>	-	<input type="text" value=""/>	<input type="text" value=""/>	-	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Month	Day		Year						

O0400 Coding Instructions

O0400D, O0400E, and O0400F

Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	D. Respiratory Therapy
	1. Total minutes - 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. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
Enter Number of Days <input type="text"/>	E. Psychological Therapy (by any licensed mental health professional)
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. Total minutes - 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. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
Enter Number of Minutes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	F. Recreational Therapy (includes recreational and music therapy)
Enter Number of Days <input type="text"/>	1. Total minutes - 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. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days

00400 Practice₁

- 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 Practice₂

- 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.

00400 Speech – Language Pathology 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			
Total	190	70	75

O0400A Speech-Language Pathology Services Coding

O0400. Therapies	
A. Speech-Language Pathology and Audiology Services	
Enter Number of Minutes <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/>	1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days
Enter Number of Minutes <input type="text" value=""/> <input type="text" value="7"/> <input type="text" value="0"/>	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
Enter Number of Minutes <input type="text" value=""/> <input type="text" value="7"/> <input type="text" value="5"/>	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
Enter Number of Days <input type="text" value="5"/>	If the sum of individual, concurrent, and group minutes is zero, → skip to O0400B, Occupational Therapy
Enter Number of Minutes <input type="text" value=""/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/>	4. This therapy was administered for at least 15 minutes a day in the last 7 days
Enter Number of Minutes <input type="text" value=""/> <input type="text" value="7"/> <input type="text" value="0"/>	5. Enter the most recent therapy regimen (since the most recent entry) started <input type="text" value=""/> <input type="text" value="0"/> <input type="text" value="9"/> Year
Enter Number of Minutes <input type="text" value=""/> <input type="text" value="7"/> <input type="text" value="5"/>	6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing <input type="text" value="-"/> <input type="text" value="-"/> - <input type="text" value="-"/> <input type="text" value="-"/> - <input type="text" value="-"/> <input type="text" value="-"/> <input type="text" value="-"/> <input type="text" value="-"/> Month Day Year
Enter Number of Days <input type="text" value="5"/>	

O0400 Occupational Therapy 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			
Total	93		80

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 therapy regimen (since the most recent entry) started - enter dashes if therapy is ongoing

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

0 0 9

Month Day Year

Month Day Year

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	

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 0 9

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. F. (mental health professional)

Enter Number of Minutes

Enter Number of Days

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

Therapy

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

F. F. (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

nursing Programs

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

00500 Assessment Guidelines₁

- 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 Guidelines₂

- 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 number of days 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"/>	A. Range of motion (passive)	<input type="text" value="0"/>	
<input type="text" value="0"/>	B. Range of motion (active)	<input type="text" value="0"/>	
<input type="text" value="1"/>	C. Splint or brace assistance	<input type="text" value="1"/>	
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 Guidelines₁

- 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 Guidelines₂

- 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 Guidelines₃

- 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 Guidelines₁

- 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 Guidelines₂

- 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 Guidelines₃

- 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 0

Summary

Section O Summary₁

- 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 Summary₂

- 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 Summary₂

- 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.