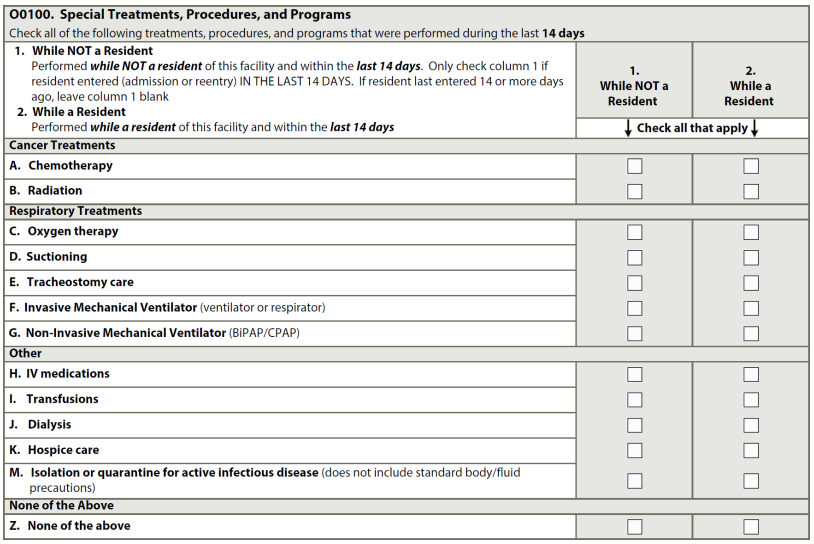
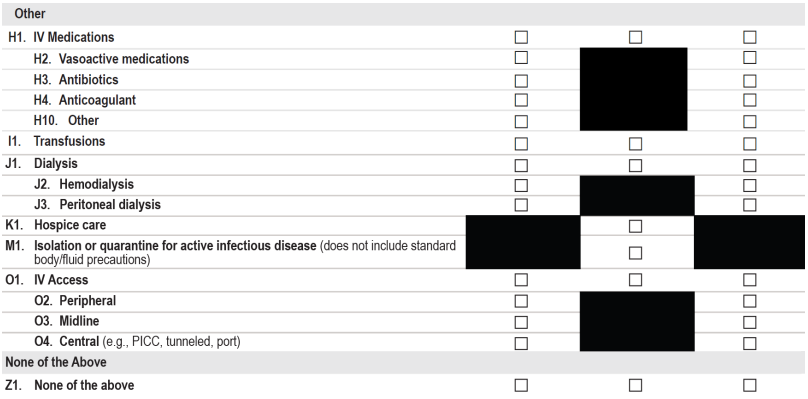
Track Changes
from Chapter 3 Section O v1.17.1
to Chapter 3 Section O v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	—	—	Updated language throughout to be gender neutral.
3	—	—	Updated screen captures of all items.
3	—	O-1	**Intent:** The intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received or performed during the specified time periods.
3	O0110	O-1	O01~~0~~10: Special Treatments, Procedures, and Programs
3	O0110–O0500	O-1–O-55	Page length changed due to revised content.

Track Changes
from Chapter 3 Section O v1.17.1
to Chapter 3 Section O v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-1	Replaced screenshot. OLD **O0100. Special Treatments, Procedures, and Programs** Check all of the following treatments, procedures, and programs that were performed during the last **14 days** **1. While NOT a Resident** Performed ***while NOT a resident*** of this facility and within the ***last 14 days***. 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** Performed ***while a resident*** of this facility and within the ***last 14 days*** Check all that apply **Cancer Treatments** A. Chemotherapy ☐ ☐ B. Radiation ☐ ☐ **Respiratory Treatments** C. Oxygen therapy ☐ ☐ D. Suctioning ☐ ☐ E. Tracheostomy care ☐ ☐ F. Invasive Mechanical Ventilator (ventilator or respirator) ☐ ☐ G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP) ☐ ☐ **Other** H. IV medications ☐ ☐ I. Transfusions ☐ ☐ J. Dialysis ☐ ☐ K. Hospice care ☐ ☐ M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) ☐ ☐ **None of the Above** Z. None of the above ☐ ☐ NEW **O0110. Special Treatments, Procedures, and Programs** Check all of the following treatments, procedures, and programs that were performed a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B b. While a Resident Performed ***while a resident*** of this facility and within the ***last 14 days*** c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C Check all that apply **Cancer Treatments** A1. Chemotherapy ☐ ☐ ☐ A2. IV ☐ [redacted] ☐ A3. Oral ☐ ☐ A10. Other ☐ ☐ B1. Radiation ☐ ☐ ☐ **Respiratory Treatments** C1. Oxygen therapy ☐ ☐ ☐ C2. Continuous ☐ [redacted] ☐ C3. Intermittent ☐ ☐ C4. High-concentration ☐ ☐ D1. Suctioning ☐ ☐ ☐ D2. Scheduled ☐ [redacted] ☐ D3. As needed ☐ ☐ E1. Tracheostomy care ☐ ☐ ☐ F1. Invasive Mechanical Ventilator (ventilator or respirator) ☐ ☐ ☐ G1. Non-invasive Mechanical Ventilator ☐ ☐ ☐ G2. BiPAP ☐ [redacted] ☐ G3. CPAP ☐ ☐

Track Changes
from Chapter 3 Section O v1.17.1
to Chapter 3 Section O v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-2	Replaced screenshot (cont.). OLD  NEW 
3	O0110	O-2	**Health-related Quality of Life** • The treatments, procedures, and programs listed in Item O010~~1~~0, Special Treatments, Procedures, and Programs, can have a profound effect on an individual's health status, self-image, dignity, and quality of life.

Track Changes
from Chapter 3 Section O v1.17.1
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Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-3	**Steps for Assessment** 1. Review the resident's medical record to determine whether or not the resident received or performed any of the treatments, procedures, or programs within the ~~last 14 days~~assessment period defined for each column.
3	O0110	O-3	**Coding Instructions for Column ~~1~~a. On Admission** Check all treatments, procedures, and programs received by, performed on, or participated in by the resident on days 1–3 of the SNF PPS Stay starting with A2400B. If no treatments, procedures, or programs were received or performed in the 3-day assessment period, **check Z, None of the above**. **Coding Instructions for Column b. While a Resident** Check all treatments, procedures, and programs that the resident received or performed ~~by the resident **prior** to~~**after** admission/entry or reentry to the facility and within the last14~~-~~ days~~ look-back period~~. ~~Leave Column 1 blank if the resident was admitted/entered or reentered the facility more than 14 days ago.~~ If no ~~items apply~~ treatments, procedures or programs were received by, performed on, or participated in by the resident within the last 14 days or since admission/entry or reentry, **check Z, none of the above**.
3	O0110	O-3	**Coding Instructions for Column ~~2~~c. At Discharge** Check all treatments, procedures, and programs received by, ~~or~~ performed on, or participated in by the resident ~~**after** admission/entry or reentry to the facility and within the 14-day look-back period~~in the last 3 days of the SNF PPS Stay ending with A2400C. If no treatments, procedures or programs were received or performed in the 3-day assessment period, **check Z, None of the above**.

Track Changes
from Chapter 3 Section O v1.17.1
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Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-3	• **O010~~1~~10A1, Chemotherapy** Code any type of chemotherapy agent administered as an antineoplastic given by any route in this item. Each medication should be evaluated to determine its reason for use before coding it here. Medications coded here are those actually used for cancer treatment. For example, megestrol acetate is classified as an antineoplastic drug. One of its side effects is appetite stimulation and weight gain. If megestrol acetate is being given only for appetite stimulation, do **not** code it as chemotherapy in this item, as the resident is not receiving the medication for chemotherapy purposes in this situation. Hormonal and other agents administered to prevent the recurrence or slow the growth of cancer should **not** be coded in this item, as they are not considered chemotherapy for the purpose of coding the MDS. IVs, IV medication, and blood transfusions administered during chemotherapy are **not** recorded under items K05~~1~~20A (Parenteral/IV), O010~~1~~10H (IV Medications), or O010~~1~~10I (Transfusions).

Track Changes
from Chapter 3 Section O v1.17.1
to Chapter 3 Section O v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-4	**Example:** ~~Ms.~~Resident J was diagnosed with estrogen receptor–positive breast cancer and was treated with chemotherapy and radiation. After ~~her~~their cancer treatment, ~~Ms.~~Resident J was prescribed tamoxifen (a selective estrogen receptor modulator) to decrease the risk of recurrence and/or decrease the growth rate of cancer cells. Since the hormonal agent is being administered to decrease the risk of cancer recurrence, it cannot be coded as chemotherapy. — **O0110A2, IV** Check if chemotherapy was administered intravenously. — **O0110A3, Oral** Check if chemotherapy was administered orally (e.g., pills, capsules, or liquids the patient swallows). This sub-element also applies if the chemotherapy is administered through a feeding tube/PEG (i.e., enterally). — **O0110A10, Other** Check if chemotherapy was given in a way other than intravenously or orally (e.g., intramuscular, intraventricular/intrathecal, intraperitoneal, or topical routes).
3	O0110	O-4	• **O010~~1~~10B1, Radiation** Code intermittent radiation therapy, as well as radiation administered via radiation implant in this item.

Track Changes
from Chapter 3 Section O v1.17.1
to Chapter 3 Section O v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-4–O-5	• **O010~~1~~0C1, Oxygen therapy** Code continuous or intermittent oxygen administered via mask, cannula, etc., delivered to a resident to relieve hypoxia in this item. Code oxygen used in Bi-level Positive Airway Pressure/Continuous Positive Airway Pressure (BiPAP/CPAP) here. Do not code hyperbaric oxygen for wound therapy in this item. This item may be coded if the resident places or removes ~~his/her~~their own oxygen mask, cannula. — **O0110C2, Continuous** Check if oxygen therapy was continuously delivered for 14 hours or greater per day. — **O0110C3, Intermittent** Check if oxygen therapy was intermittent (i.e., not delivered continuously for at least 14 hours per day). — **O0110C4, High-concentration** Check if oxygen therapy was provided via a high-concentration delivery system. A high-concentration oxygen delivery system is one that delivers oxygen at a concentration that exceeds a fraction of inspired oxygen (FiO2) of 40% (i.e., exceeding that of simple low-flow nasal cannula at a flow rate of 4 liters per minute). A high-concentration delivery system can include either high- or low-flow systems (e.g., simple face masks, partial and nonrebreather masks, face tents, venturi masks, aerosol masks, and high-flow cannula or masks). These devices may also include invasive mechanical ventilators, non-invasive mechanical ventilators, or trach masks, if the delivered FiO2 of these systems exceeds 40%. Oxygen-conserving nasal cannula systems with reservoirs (e.g., mustache, pendant) should be included only if they are used to deliver an FiO2 of greater than 40%.

Track Changes
from Chapter 3 Section O v1.17.1
to Chapter 3 Section O v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-5	• **O010~~1~~10D1, Suctioning** Code only tracheal and/or nasopharyngeal suctioning in this item. Do not code oral suctioning here. This item may be coded if the resident performs ~~his/her~~their own tracheal and/or nasopharyngeal suctioning. — **O0110D2, Scheduled** Check if suctioning was scheduled. Scheduled suctioning is performed when the resident is assessed as clinically benefiting from regular interventions, such as every hour or once per shift. Scheduled suctioning applies to medical orders for performing suctioning at specific intervals and/or implementation of facility-based clinical standards, protocols, and guidelines. — **O0110D3, As needed** Check if suctioning was performed on an as-needed basis, as opposed to at regular scheduled intervals, such as when secretions become so prominent that gurgling or choking is noted or a sudden desaturation occurs from a mucus plug.
3	O0110	O-5	• **O010~~1~~10E1, Tracheostomy care** Code cleansing of the tracheostomy and/or cannula in this item. This item may be coded if the resident performs ~~his/her~~their own tracheostomy care. This item includes laryngectomy tube care. • **O010~~1~~10F1, Invasive Mechanical Ventilator (ventilator or respirator)**
3	O0110	O-5	**Example:** ~~Mrs.~~Resident J is connected to a ventilator via tracheostomy (invasive mechanical ventilation) 24 hours a day while a resident, because of an irreversible neurological injury and inability to breathe on ~~her~~their own. O010~~1~~10F1b should be checked, as ~~Mrs.~~Resident J is using an invasive mechanical ventilator because ~~she~~they ~~is~~are unable to initiate spontaneous breathing on ~~her~~their own and the ventilator is controlling ~~her~~their breathing.

Track Changes
from Chapter 3 Section O v1.17.1
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Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-6	• **O010~~1~~10G1, Non-invasive Mechanical Ventilator ~~(BiPAP/CPAP)~~**
3	O0110	O-6	~~**Example:** Mr. M has sleep apnea and requires a CPAP device to be worn when sleeping. The staff set-up the water receptacle and humidifier element of the machine. Mr. M puts on the CPAP mask and starts the machine prior to falling asleep. O0100G should be checked as Mr. M is able to breathe on his own and wears the CPAP mask when he is sleeping to manage his sleep apnea.~~ — **O0110G2, BiPAP** Check if the non-invasive mechanical ventilator support was BiPAP. — **O0110G3, CPAP** Check if the non-invasive mechanical ventilator support was CPAP.

Track Changes
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to Chapter 3 Section O v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-6	• **O010~~1~~0H1, IV medications** Code any drug or biological given by intravenous push, epidural pump, or drip through a central or peripheral port in this item. Do **not** code flushes to keep an IV access port patent, or IV fluids without medication here. Epidural, intrathecal, and baclofen pumps may be coded here, as they are similar to IV medications in that they must be monitored frequently and they involve continuous administration of a substance. Subcutaneous pumps are **not** coded in this item. Do **not** include IV medications of any kind that were administered during dialysis or chemotherapy. ~~Dextrose 50% and/or~~ Lactated Ringers given IV ~~are~~is not considered a medication~~s,~~ and should not be coded here. ~~To determine what products are considered medications or for more information consult the FDA website:~~ • ~~The Orange Book,~~ http://www.accessdata.fda.gov/scripts/cder/ob/ • ~~The National Drug Code Directory,~~ http://www.fda.gov/drugs/informationondrugs/ucm142438.htm Resources and tools providing information on medications are available in Section N of this manual (see the end of item N0415 following the Example).

Track Changes
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Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-6	— **O0110H2, Vasoactive medications** Check when at least one of the IV medications was an IV vasoactive medication. — **O0110H3, Antibiotics** Check when at least one of the IV medications was an IV antibiotic. — **O0110H4, Anticoagulation** Check when at least one of the IV medications was an IV anticoagulant. Do not include subcutaneous administration of anticoagulant medications. — **O0110H10, Other** Check when at least one of the IV medications was not an IV vasoactive medication, IV antibiotic, or IV anticoagulant. Examples include IV analgesics (e.g., morphine) and IV diuretics (e.g., furosemide).
3	O0110	O-7	• **O010~~1~~0I1, Transfusions**

Track Changes
from Chapter 3 Section O v1.17.1
to Chapter 3 Section O v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-7	• **O010~~1~~10J1, Dialysis** Code peritoneal or renal dialysis which occurs at the nursing home or at another facility, record treatments of hemofiltration, Slow Continuous Ultrafiltration (SCUF), Continuous Arteriovenous Hemofiltration (CAVH), and Continuous Ambulatory Peritoneal Dialysis (CAPD) in this item. IVs, IV medication, and blood transfusions administered during dialysis are considered part of the dialysis procedure and are **not** to be coded under items K05~~1~~20A (Parenteral/IV), O010~~1~~10H (IV medications), or O010~~1~~10I (transfusions). This item may be coded if the resident performs ~~his/her~~their own dialysis. — **O0110J2, Hemodialysis** Check when the dialysis was hemodialysis. In hemodialysis the patient's blood is circulated directly through a dialysis machine that uses special filters to remove waste products and excess fluid from the blood. — **O0110J3, Peritoneal dialysis** Check when the dialysis was peritoneal dialysis. In peritoneal dialysis, dialysate is infused into the peritoneal cavity and the peritoneum (the membrane that surrounds many of the internal organs of the abdominal cavity) serves as a filter to remove the waste products and excess fluid from the blood.
3	O0110	O-7	• **O010~~1~~10K1, Hospice care**
3	O0110	O-8	• **O010~~1~~10M1, Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)**

Track Changes
from Chapter 3 Section O v1.17.1
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Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-8	If a facility transports a resident who meets the criteria for single room isolation to another healthcare setting to receive medically needed services (e.g. dialysis, chemotherapy, blood transfusions, etc.) which the facility does not or cannot provide, they should follow CDC guidelines for transport of patients with communicable disease, and may still code O010~~1~~10M for single room isolation since it is still being maintained while the resident is in the facility.
3	O0110	O-9	• **O0110O1, IV Access** Code IV access, which refers to a catheter inserted into a vein for a variety of clinical reasons, including long-term medication administration, large volumes of blood or fluid, frequent access for blood samples, intravenous fluid administration, total parenteral nutrition (TPN), or, in some instances, the measurement of central venous pressure. — **O0110O2, Peripheral** Check when IV access was peripheral access (catheter is placed in a peripheral vein) and remains peripheral. — **O0110O3, Midline** Check when IV access was midline access. Midline catheters are inserted into the antecubital (or other upper arm) vein and do not reach all the way to a central vein such as the superior vena cava. — **O0110O4, Central (e.g., PICC, tunneled, port)** Check when IV access was centrally located (e.g., PICC, tunneled, port).
3	O0110	O-9	• **O010~~1~~10Z1, None of the above**

Track Changes
from Chapter 3 Section O v1.17.1
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Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-10	**Examples** 1. Resident R, who was admitted five days ago, has advanced prostate cancer and is receiving radiation and docetaxel (IV) via a port in their right upper chest to treat their prostate cancer. They were admitted to the SNF following an inpatient stay for an acute pulmonary embolism. **Coding:** Check boxes O0110A1a (Chemotherapy, On Admission), O0110A1b (Chemotherapy, While a Resident), and O0110A2a (IV, On Admission); O0110B1a (Radiation, On Admission) and O0110B1b (Radiation, While a Resident); and O0110O1a (IV Access, On Admission), O0110O1b (IV Access, While a Resident), and O0110O4a (Central, On Admission). **Rationale:** The resident received intravenous therapy via a port (i.e., a central line in their right upper chest) and radiation during their first three days of their SNF PPS stay and while a resident.
3	O0110	O-10	2. Resident M was admitted to the SNF for rehabilitation following cardiac surgery three weeks ago. They have sleep apnea and require a CPAP device nightly. While in the SNF, the staff set up the humidifier element of the CPAP, and Resident M put on the CPAP mask prior to falling asleep each night through their discharge to home. **Coding:** Check boxes O0110G1b (Non-invasive Mechanical Ventilator, While a Resident), O0110G1c (Non-invasive Mechanical Ventilator, At Discharge), and O0110G3c (CPAP, On Discharge). **Rationale:** Resident M can breathe on their own but requires CPAP while sleeping to manage their sleep apnea. CPAP was used while a resident, including during the three-day discharge assessment period.

Track Changes
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Chapter	Section	Page(s) in version 1.18.11	Change
3	O0110	O-10	3. Resident D was admitted 10 days ago to the SNF for rehabilitation following spinal surgery. They have sleep apnea and require a CPAP device while sleeping. The staff set-up the water receptacle and humidifier element of the machine. Each night since admission, Resident D puts on the CPAP mask and starts the machine prior to falling asleep. **Coding:** Check O0110G1a (Non-invasive Mechanical Ventilator, On Admission), O0110G1b (Non-invasive Mechanical Ventilator, While a Resident) and O0110G3a (CPAP, On Admission). **Rationale:** Resident D can breathe on their own but requires CPAP while sleeping to manage their sleep apnea. CPAP was used while a resident, including during the three-day admission assessment period.
3	O0250	O-12	• Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine. • The safety of vaccines is always being monitored. For more information, visit: Vaccine Safety Monitoring and Vaccine Safety Activities of the CDC: http://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/index.html ~~• Determining the rate of vaccination and causes for non-vaccination assists nursing homes in reaching the Healthy People 2020 (https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases) national goal of increasing to 90 percent, the percentage of adults aged 18 years or older in long-term care nursing homes who are vaccinated annually against seasonal influenza.~~

Track Changes
from Chapter 3 Section O v1.17.1
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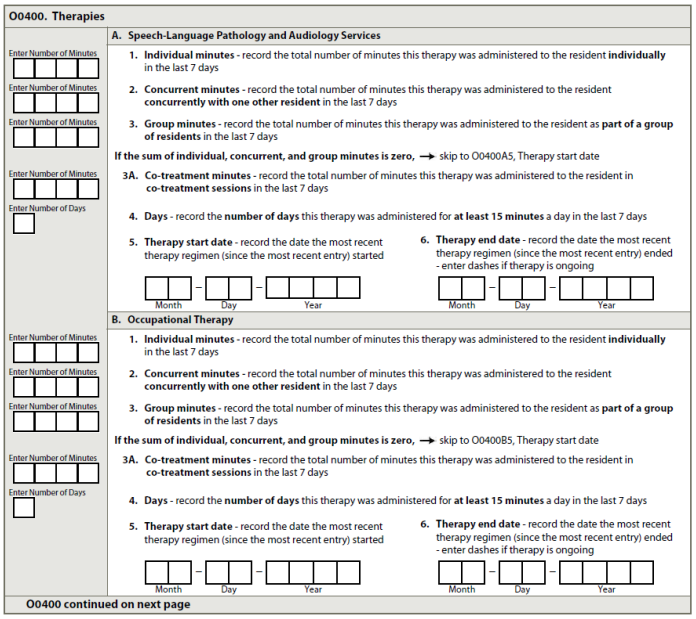
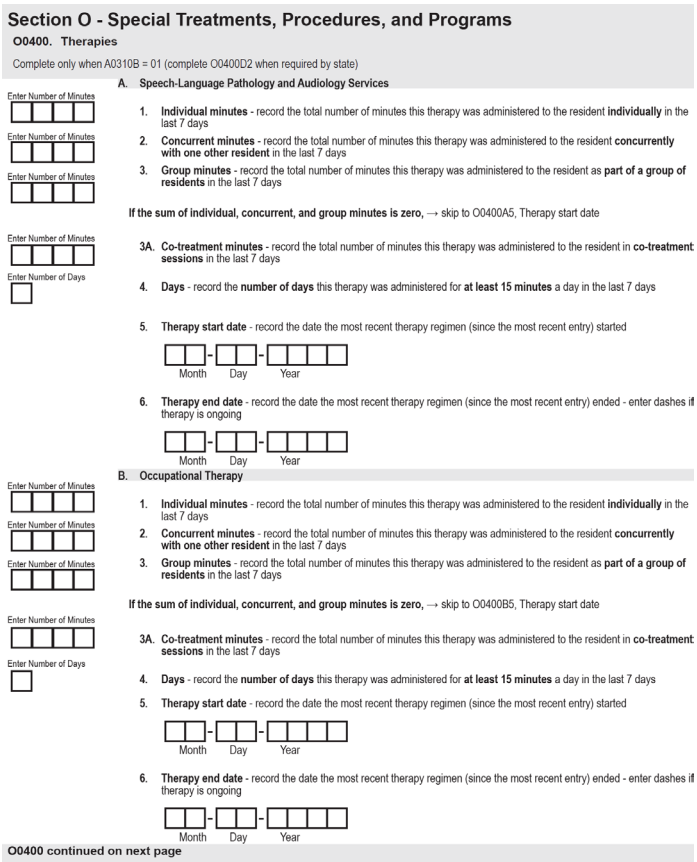
Chapter	Section	Page(s) in version 1.18.11	Change
3	O0250	O-14	• Influenza can occur at any time, but most influenza occurs from October through May. However, residents should be immunized as soon as the vaccine becomes available ~~and continue until influenza is no longer circulating in your geographic area~~. More information about when facilities must offer residents the influenza vaccine is available in 42 CFR 483.80(d), Influenza and pneumococcal immunizations, which can be found in Appendix PP of the State Operations Manual: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf#page=708.
3	O0300	O-16	• Conditions that increase the risk of invasive pneumococcal disease include decreased immune function; damaged or no spleen; sickle cell and other hemoglobinopathies; cerebrospinal fluid (CSF) leak; cochlear implants; and chronic diseases of the heart, lungs, liver, and kidneys, including dialysis, diabetes, alcoholism, and smoking. • ~~Determining the rate of pneumococcal vaccination and causes for non-vaccination assists nursing homes in reaching the Healthy People 2020 (http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23) national goal of 90% immunization among nursing home residents.~~
3	O0300	O-18	**Examples** 1. ~~Mr.~~Resident L, who is 72 years old, received the PCV13 pneumococcal vaccine at ~~his~~their physician's office last year. ~~He~~They had previously been vaccinated with PPSV23 at age 66. **Coding:** O0300A would be **coded 1, yes**; skip to O0400, Therapies. **Rationale:** ~~Mr.~~Resident L, who is over 65 years old, has received the recommended PCV13 and PPSV23 vaccines.

3	O0400	O-19	Replaced screenshot. OLD  NEW 

3	O0400	O-20	Replaced screenshot (cont.).

OLD

O0400. Therapies - Continued

C. Physical Therapy

Enter Number of Minutes

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

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

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 O0400C5, Therapy start date

Enter Number of Minutes

3A. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days

Enter Number of Days

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 most recent entry) started — Month – Day – Year

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

D. Respiratory Therapy

Enter Number of Minutes

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

Enter Number of Days

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

E. Psychological Therapy (by any licensed mental health professional)

Enter Number of Minutes

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

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

F. Recreational Therapy (includes recreational and music therapy)

Enter Number of Minutes

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 O0420, Distinct Calendar Days of Therapy

Enter Number of Days

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

NEW

Section O - Special Treatments, Procedures, and Programs

O0400. Therapies - Continued

Complete only when A0310B = 01 (complete O0400D2 when required by state)

C. Physical Therapy

Enter Number of Minutes

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

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

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 O0400C5, Therapy start date

Enter Number of Minutes

3A. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days

Enter Number of Days

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 most recent entry) started — Month – Day – Year

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

D. Respiratory Therapy

Enter Number of Minutes

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

Enter Number of Days

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

E. Psychological Therapy (by any licensed health professional)

Enter Number of Minutes

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

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

F. Recreational Therapy (includes recreational and music therapy)

Enter Number of Minutes

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 O0420, Distinct Calendar Days of Therapy

Enter Number of Days

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

Track Changes
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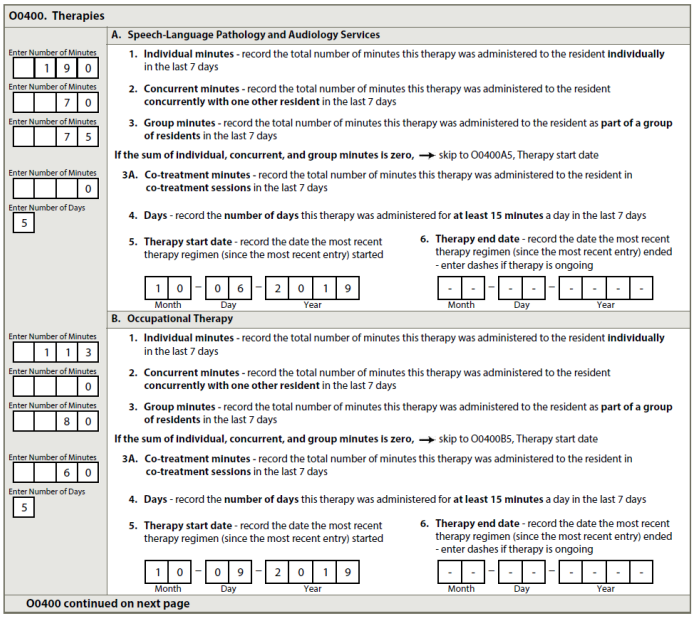
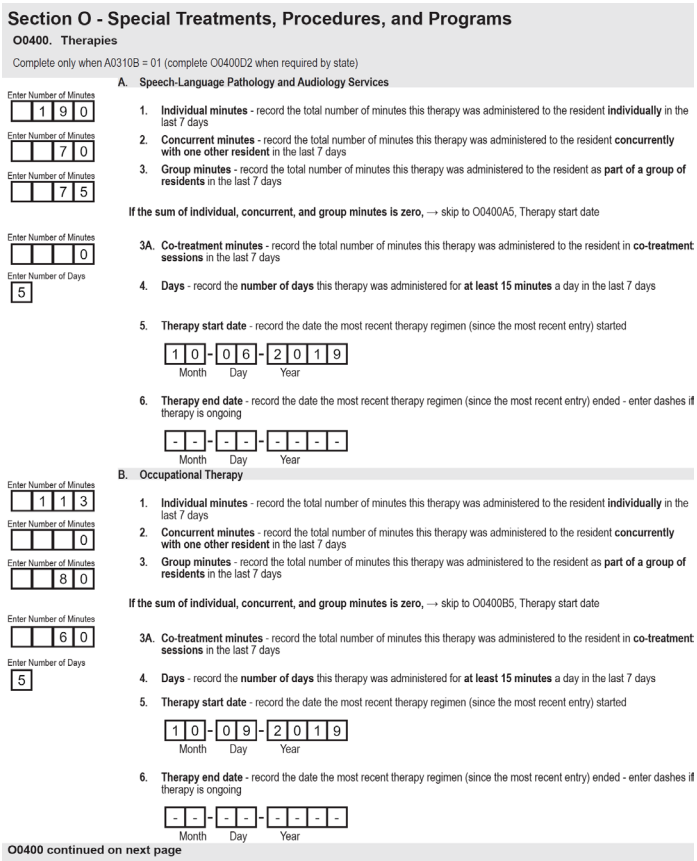
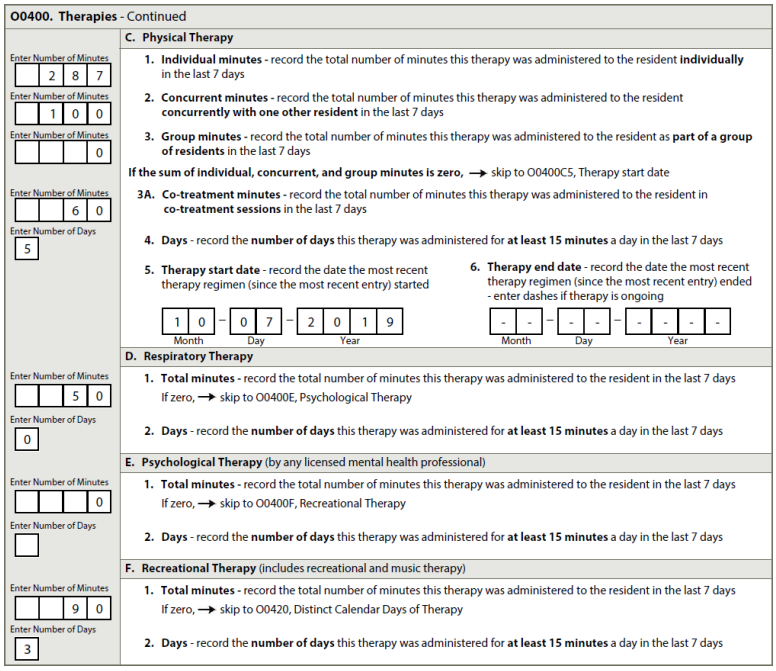
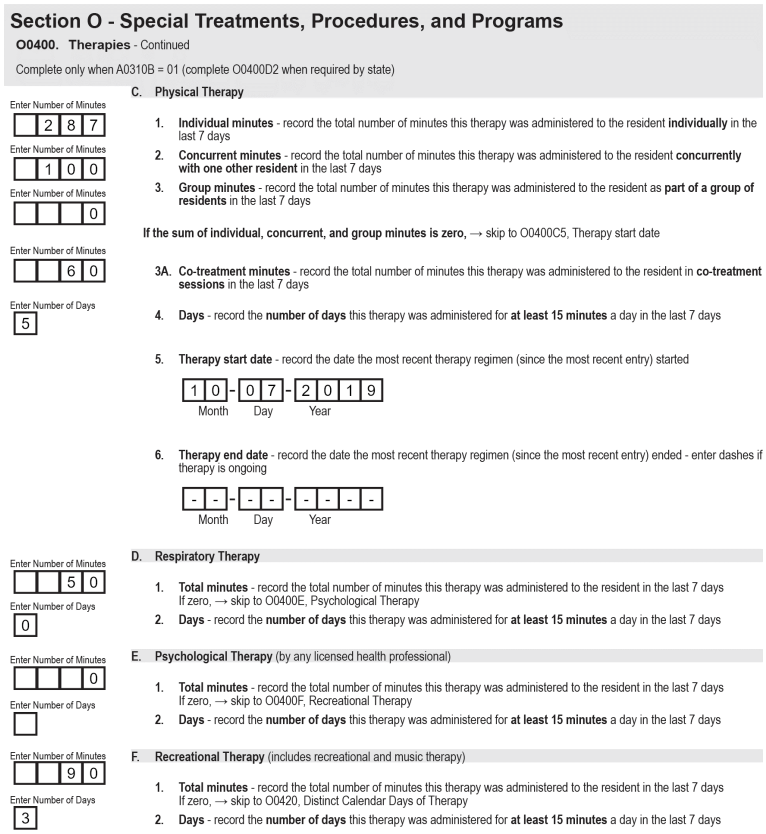
to Chapter 3 Section O v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	O0400	O-24	**Minutes of Therapy** • Includes only therapies that were provided once the individual is actually living/being cared for at the long-term care facility. 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, or a recipient of home care or community-based services. • If a resident returns from a hospital stay, an initial evaluation must be performed after entry to the facility, and only those therapies that occurred since admission/reentry to the facility and after the initial evaluation shall be counted, except in the case of an interrupted stay. • In the case of an interrupted stay, the therapy start date entered in O0400A5, O0400B5, and/or O0400C5 must reflect a date on or after the date in A2400B. Although the therapy start date occurred prior to the interrupted stay, the data specifications only accept a therapy start date that is on or after the date entered in A2400B.

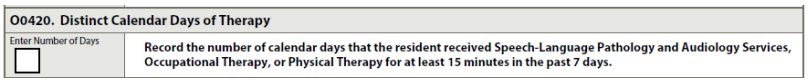
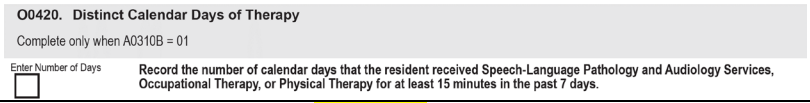
Track Changes
from Chapter 3 Section O v1.17.1
to Chapter 3 Section O v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	O0400	O-34	**General Coding Example:** Following a stroke, ~~Mrs.~~Resident F. was admitted to the skilled nursing facility in stable condition for rehabilitation therapy on 10/06/19 under Part A skilled nursing facility coverage. ~~She~~They had slurred speech, difficulty swallowing, severe weakness in both ~~her~~their right upper and lower extremities, and a Stage 3 pressure ulcer on ~~her~~their left lateral malleolus. ~~She~~They ~~was~~were referred to SLP, OT, and PT with the long-term goal of returning home with ~~her~~their ~~daughter and son-in-law~~child and child's spouse. ~~Her~~Their initial SLP evaluation was performed on 10/06/19, the PT initial evaluation on 10/07/19, and the OT initial evaluation on 10/09/19. ~~She~~They ~~was~~were also referred to recreational therapy and respiratory therapy. The interdisciplinary team determined that 10/13/19 was an appropriate ARD for ~~her~~their 5-Day assessment. During the look-back period ~~she~~they received the following: Speech-language pathology services that were provided over the 7-day look-back period:

3	O0400	O-37	Replaced screenshot. OLD  NEW 

3	O0400	O-38	Replaced screenshot. OLD  NEW 

Track Changes
from Chapter 3 Section O v1.17.1
to Chapter 3 Section O v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	O0420	O-39	Replaced screenshot. OLD  NEW 
3	O0420	O-39	• Example 1: ~~Mrs.~~Resident T~~.~~ received 60 minutes of physical therapy on Monday, Wednesday and Friday within the 7-day look-back period. ~~Mrs.~~Resident T also received 45 minutes of occupational therapy on Monday, Tuesday and Friday during the last 7~~-~~ days ~~look-back period~~. Given the therapy services received by ~~Mrs.~~Resident T during the 7-day look-back period, item **O0420 would be coded as 4** because therapy services were provided for at least 15 minutes on 4 distinct calendar days during the 7-day look-back period (i.e., Monday, Tuesday, Wednesday, and Friday). • Example 2: ~~Mr.~~ Resident F~~.~~ received 120 minutes of physical therapy on Monday, Wednesday and Friday within the 7-day look-back period. Mr. F also received 90 minutes of occupational therapy on Monday, Wednesday and Friday during the last 7~~-~~ days~~ look-back period~~. Finally, ~~Mr.~~ Resident F received 60 minutes of speech-language pathology services on Monday and Friday during the 7-day look-back period. Given the therapy services received by ~~Mr.~~ Resident F during the 7-day look-back period, item **O0420 would be coded as 3** because therapy services were provided for at least 15 minutes on 3 distinct calendar days during the 7-day look-back period (i.e., Monday, Wednesday, and Friday).

Track Changes
from Chapter 3 Section O v1.17.1
to Chapter 3 Section O v1.18.11

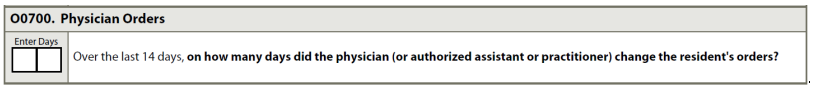
Chapter	Section	Page(s) in version 1.18.11	Change
3	O0425	O-41	**Planning for Care** • Except in the case of an interrupted stay, ~~C~~code only medically necessary therapies that occurred after admission/readmission to the nursing home that were (1) ordered by a physician (physician's assistant, nurse practitioner, and/or clinical nurse specialist as allowable under state licensure laws) based on a qualified therapist's assessment (i.e., one who meets Medicare requirements or, in some instances, under such a person's direct supervision) and treatment plan, (2) documented in the resident's medical record, and (3) care planned and periodically evaluated to ensure that the resident receives needed therapies and that current treatment plans are effective. Therapy treatment may occur either inside or outside of the facility. • In the case of an interrupted stay, code medically necessary therapies that occurred during the entire current Medicare Part A PPS stay that meet the above-noted criteria.
3	O0425	O-42	NOTE: The look-back period for these items is the entire SNF Part A stay, starting at Day 1 of the Part A stay and finishing on the last day of the Part A stay. Once reported on the MDS, CMS grouping software will calculate the percentage of group and concurrent therapy, combined, provided to each resident as a percentage of all therapies provided to that resident, by discipline. If the combined amount of group and concurrent therapy provided, by discipline, exceeds 25 percent, then this would be deemed as non-compliance and a warning message would be received on the Final Validation Report.

3	O0450	O-48	~~O0450: Resumption of Therapy~~ **O0450. Resumption of Therapy** Enter Code ☐ A. Has a previous rehabilitation therapy regimen (speech, occupational, and/or physical therapy) ended, as reported on this End of Therapy OMRA, and has this regimen now resumed at exactly the same level for each discipline? 0. No 1. Yes **~~CMS does not require completion of this item; however, some States continue to require its completion. It is important to know your State's requirements for completing this item.~~** ~~Item Rationale~~ ~~In cases where therapy resumes after the EOT OMRA is performed and the resumption of therapy date is no more than 5 consecutive calendar days after the last day of therapy provided, and the therapy services have resumed at the same RUG-IV classification level that had been in effect prior to the EOT OMRA, an End of Therapy OMRA with Resumption (EOT-R) may be completed. The EOT-R reduces the number of assessments that need to be completed and reduces the number of interview items residents must answer.~~ ~~Coding Instructions:~~ ~~When an EOT OMRA has been performed, determine whether therapy will resume. If it will, determine whether therapy will resume no more than five consecutive calendar days after the last day of therapy was provided AND whether the therapy services will resume at the same level for each discipline. If No, **skip to O0500**, Restorative Nursing Programs. If Yes, **code item O0450A as 1**. For example:~~ • ~~Mrs. A. who was in RVL did not receive therapy on Saturday and Sunday because the facility did not provide weekend services and she missed therapy on Monday because of a doctor's appointment. She resumed therapy on Tuesday, November 13, 2011. The IDT determined that her RUG-IV therapy classification level did not change as she had not had any significant clinical changes during the lapsed therapy days. When the EOT was filled out, item **O0450 A was coded as 1** because therapy was resuming within 5 days from the last day of therapy and it was resuming at the same RUG-IV classification level.~~

3	O0450	O-48	~~NOTE: If the EOT OMRA has not been accepted in the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system when therapy resumes, code the EOT-R item (O0450A) on the assessment and submit the record. If the EOT OMRA without the EOT-R item has been accepted into the QIES ASAP system, then submit a modification request for that EOT OMRA with the only changes being the completion of the Resumption of Therapy item (O0450A) and check X0900Z and indicate that the reason for modification is the addition of the Resumption of Therapy item.~~
3	O0500	O-49	3. The following criteria for restorative nursing programs must be met in order to code O0500: • Measure~~e~~able objective and interventions must be documented in the care plan and in the medical record. If a restorative nursing program is in place when a care plan is being revised, it is appropriate to reassess progress, goals, and duration/frequency as part of the care planning process. Good clinical practice would indicate that the results of this reassessment should be documented in the resident's medical record.
3	O0500	O-54	3. ~~Mrs.~~Resident K~~.~~ was admitted to the nursing facility 7 days ago following repair to a fractured hip. Physical therapy was delayed due to complications and a weakened condition. Upon admission, ~~she~~they had difficulty moving ~~her~~themself in bed and ~~required total assistance~~were dependent for transfers. To prevent further deterioration and increase ~~her~~their independence, the nursing staff implemented a plan on the second day following admission to teach ~~her~~them how to move ~~her~~themself in bed and transfer from bed to chair using a trapeze, the bed rails, and a transfer board. The plan was documented in ~~Mrs.~~Resident K~~.~~'s medical record and communicated to all staff at the change of shift. The charge nurse documented in the nurse's notes that in the 5 days ~~Mrs.~~Resident K~~.~~ has been receiving training and skill practice for bed mobility for 20 minutes a day and transferring for 25 minutes a day, ~~her~~their endurance and strength have improved, and ~~she~~they requires only ~~extensive~~substantial/maximal assistance for transferring. Each day the amount of time to provide this nursing restorative intervention has been decreasing, so that for the past 5 days, the average time is 45 minutes.

3	O0600	O-55	## ~~O0600: Physician Examinations~~ **O0600. Physician Examinations** Enter Days ☐☐ Over the last 14 days, **on how many days did the physician (or authorized assistant or practitioner) examine the resident?** **~~CMS does not require completion of this item; however, some States continue to require its completion. It is important to know your State's requirements for completing this item.~~**
3	O0600	O-55	## ~~Item Rationale~~ ### ~~Health-related Quality of Life~~ - ~~Health status that requires frequent physician examinations can adversely affect an individual's sense of well-being and functional status and can limit social activities.~~ ### ~~Planning for Care~~ - **~~Frequency~~** ~~of~~ **~~physician examinations can be an indication of medical complexity and~~** ~~stability~~ **~~of the resident's health status.~~**
3	O0600	O-55	## ~~Steps for Assessment~~ ~~1.~~ **~~Review the physician progress notes for evidence of examinations of the resident by the physician or other authorized practitioners.~~** ## ~~Coding Instructions~~ - ~~Record the~~ **~~number of days~~** ~~that physician progress notes reflect that a physician examined the resident (or since admission if less than 14 days ago).~~ - ~~If the State does not require the completion of this item, use the standard "no information" code (a dash, "–").~~

3	O0600	O-55	**Coding Tips and Special Populations** • Includes medical doctors, doctors of osteopathy, podiatrists, dentists, and authorized physician assistants, nurse practitioners, or clinical nurse specialists working in collaboration with the physician as allowable by state law. • Examination (partial or full) can occur in the facility or in the physician's office. Included in this item are telehealth visits as long as the requirements are met for physician/practitioner type as defined above and whether it qualifies as a telehealth billable visit. For eligibility requirements and additional information about Medicare telehealth services refer to: — Chapter 15 of the ***Medicare Benefit Policy Manual*** (Pub. 100-2) and Chapter 12 of the ***Medicare Claims Processing Manual*** (Pub. 100-4) may be accessed at: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html.
3	O0600	O-55	• Do not include physician examinations that occurred prior to admission or readmission to the facility (e.g., during the resident's acute care stay). • Do not include physician examinations that occurred during an emergency room visit or hospital observation stay. • If a resident is evaluated by a physician off-site (e.g., while undergoing dialysis or radiation therapy), it can be coded as a physician examination as long as documentation of the physician's evaluation is included in the medical record. The physician's evaluation can include partial or complete examination of the resident, monitoring the resident for response to the treatment, or adjusting the treatment as a result of the examination. • Psychological therapy visits by a licensed psychologist (PhD) should be recorded in O0400E, Psychological Therapy, and should not be included as a physician visit in this section. • Does not include visits made by Medicine Men.

3	O0700	O-55	~~O0700: Physician Orders~~  ~~**CMS does not require completion of this item; however, some States continue to require its completion. It is important to know your State's requirements for completing this item.**~~
3	O0700	O-55	~~Item Rationale~~ ~~Health-related Quality of Life~~ • ~~Health **status that** requires **frequent physician order changes can adversely affect an individual's sense of well-being and functional status and can limit social activities.**~~ ~~Planning for Care~~ • ~~Frequency **of** physician **order changes can be an indication of medical complexity and stability of the resident's health status.**~~
3	O0700	O-55	~~Steps for Assessment~~ ~~1. **Review the physician order sheets in the medical record.**~~ ~~2. **Determine the number of days during the 14-day look-back period that a physician or other authorized practitioner allowable by State law changed the resident's orders.**~~ ~~Coding Instructions~~ • ~~Enter the **number of days** during 14-day look-back period (or since admission, if less than 14 days ago) in which a physician changed the resident's orders.~~ • ~~If the State does not require the completion of this item, use the standard "no information" code (a dash, "-").~~

3	O0700	O-55	~~**Coding Tips and Special Populations**~~ • ~~Includes orders written by medical doctors, doctors of osteopathy, podiatrists, dentists, and physician assistants, nurse practitioners, clinical nurse specialists, qualified dietitians, clinically qualified nutrition professionals or qualified therapists, working in collaboration with the physician as allowable by state law.~~ • ~~Includes written, telephone, fax, or consultation orders for new or altered treatment. Does **not** include standard admission orders, return admission orders, renewal orders, or clarifying orders without changes. 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 and should be counted as a day with order changes.~~ • ~~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.~~

3	O0700	O-55	• ~~Do not count orders prior to the date of admission or re-entry.~~ • ~~A sliding scale dosage schedule that is 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.~~ • ~~When a PRN (as needed) order was already on file, the potential need for the service had already been identified. Notification of the physician that the PRN order was activated does **not** constitute a new or changed order and may **not** be counted when coding this item.~~ • ~~A Medicare Certification/Recertification is a renewal of an existing order and should **not** be included when coding this item.~~ • ~~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 1 day during which a physician visited, and 1 day in which orders were changed.~~ • ~~Orders requesting a consultation by another physician may be counted. However, the order must be reasonable (e.g., for a new or altered treatment).~~ • ~~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.~~ • ~~Orders written to increase the resident's RUG classification and facility payment are **not** acceptable.~~ • ~~Orders for transfer of care to another physician may **not** be counted.~~ • ~~Do **not** count orders written by a pharmacist.~~