SNF Virtual Training Program – Part 1

Section O: Special Treatments, Procedures, and Programs

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May 2023

Objectives

- Summarize the updates in Section O.

- Describe the new assessment period columns in **O0110. Special Treatments, Procedures, and Programs**.

- Discuss the data elements in **O0110. Special Treatments, Procedures, and Programs** that now have expanded choices for coding.
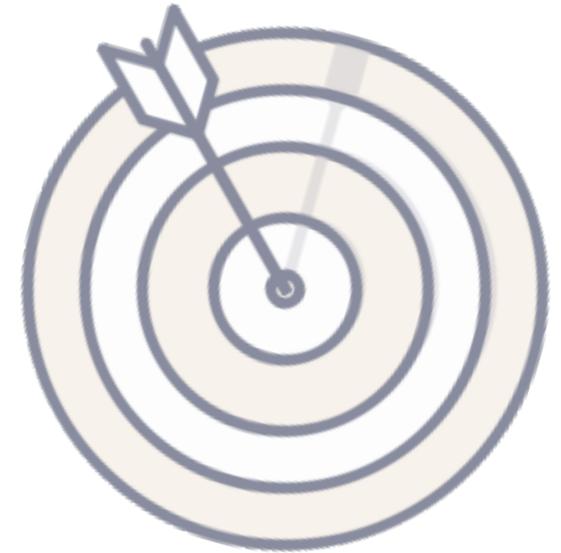
Section O: Implications

- **O0110.** **Special Treatments, Procedures, and Programs.**

  - This revised data element replaces **O0100. Special Treatments, Procedures, and Programs** and has a *new* number. *New* examples have been added.

  - Columns have been revised:

    - *While NOT a Resident* has been removed.

    - **On Admission** and **At Discharge** have been added.

  - Several treatment, procedure, and program data elements have been expanded into sub-elements to include more detail.

Section O: Implications (cont.)

- **O0250. Influenza Vaccine.**

  - One change has been made to the coding tips to include a reference for when facilities must offer residents the influenza vaccine.

- **O0400. Therapies and O0425. Part A Therapies.**

  - Clarifications added for an interrupted stay.

For additional information, please refer to the **MDS 3.0 RAI Manual v1.18.11.**

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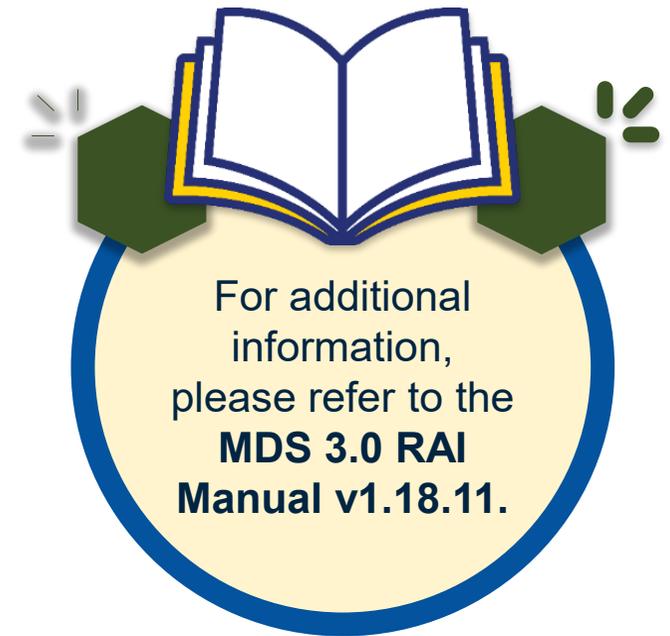
Section O: Intent

Intent: The intent of the items in this section is to identify any special treatments, procedures, and programs that the resident received or performed during the specified time periods.

O0110

Special Treatments, Procedures, and Programs

O0110. Special Treatments, Procedures, and Programs

O0110. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed

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

	a. On Admission	b. While a Resident	c. At Discharge
	↓	Check all that apply ↓	↓
Cancer Treatments			
A1. Chemotherapy	☐	☐	☐
A2. IV	☐	■	☐
A3. Oral	☐	■	☐
A10. Other	☐	■	☐
B1. Radiation	☐	☐	☐
Respiratory Treatments			
C1. Oxygen therapy	☐	☐	☐
C2. Continuous	☐	■	☐
C3. Intermittent	☐	■	☐
C4. High-concentration	☐	■	☐
D1. Suctioning	☐	☐	☐
D2. Scheduled	☐	■	☐
D3. As needed	☐	■	☐
E1. Tracheostomy care	☐	☐	☐
F1. Invasive Mechanical Ventilator (ventilator or respirator)	☐	☐	☐
G1. Non-invasive Mechanical Ventilator	☐	☐	☐
G2. BiPAP	☐	■	☐
G3. CPAP	☐	■	☐
Other			
H1. IV Medications	☐	☐	☐
H2. Vasoactive medications	☐	■	☐
H3. Antibiotics	☐	■	☐
H4. Anticoagulant	☐	■	☐
H10. Other	☐	■	☐
I1. Transfusions	☐	☐	☐

O0110. Special Treatments, Procedures, and Programs - Continued

Check all of the following treatments, procedures, and programs that were performed

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

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

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O0110. Special Treatments, Procedures, and Programs (cont. 1)

NEW

O0110. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed

	a. On Admission	b. While a Resident	c. At Discharge
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*		Check all that apply	
c. At Discharge — Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	↓	↓	↓
Cancer Treatments			
A1. Chemotherapy	☐	☐	☐
A2. IV	☐	■	☐
A3. Oral	☐	■	☐
A10. Other	☐	■	☐
B1. Radiation	☐	☐	☐

On Admission ↓

At Discharge ↑

O0110. Special Treatments, Procedures, and Programs (cont. 2)

REVISED

O0110. Special Treatments, Procedures, and Programs - Continued

Check all of the following treatments, procedures, and programs that were performed

		a. On Admission	b. While a Resident	c. At Discharge
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	
J1.	**Dialysis**	☐		
J2.	**Hemodialysis**	☐		☐
J3.	**Peritoneal dialysis**	☐		☐
K1.	**Hospice care**		☐	
M1.	**Isolation or quarantine for active infectious disease** (does not include standard body/fluid precautions)		☐	
O1.	**IV Access**	☐	☐	☐
O2.	**Peripheral**	☐		☐
O3.	**Midline**	☐		☐
O4.	**Central** (e.g., PICC, tunneled, port)	☐		☐
None of the Above				
Z1.	**None of the above**	☐		☐

Column label now "b"

Added O1. IV Access to all Columns

O0110: Steps for Assessment
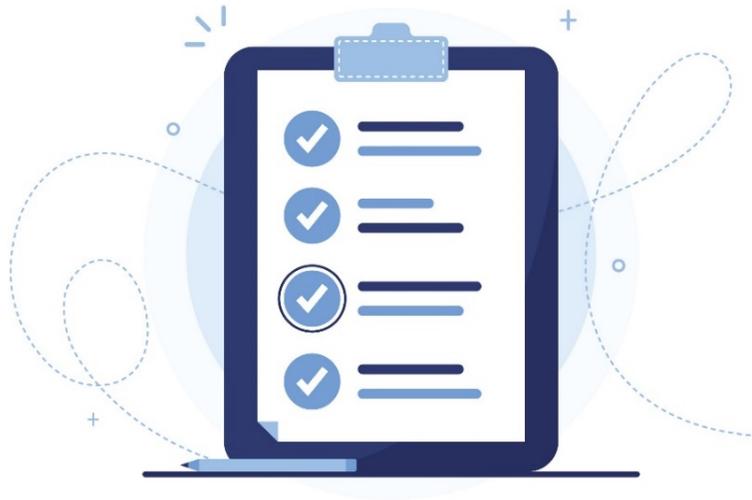
Review the resident's medical record to determine whether or not the resident received or performed any of the treatments, procedures, or programs within the assessment period defined for each column.

O0110: Coding Instructions

- **Column a. On Admission.**

    - Check all treatments, procedures, and programs received by, performed on, or participated in by the resident on days 1–3 of the SNF PPS Stay starting with A2400B.

    - If no treatments, procedures, or programs were received or performed in the 3-day assessment period, check **Z, None of the above.**
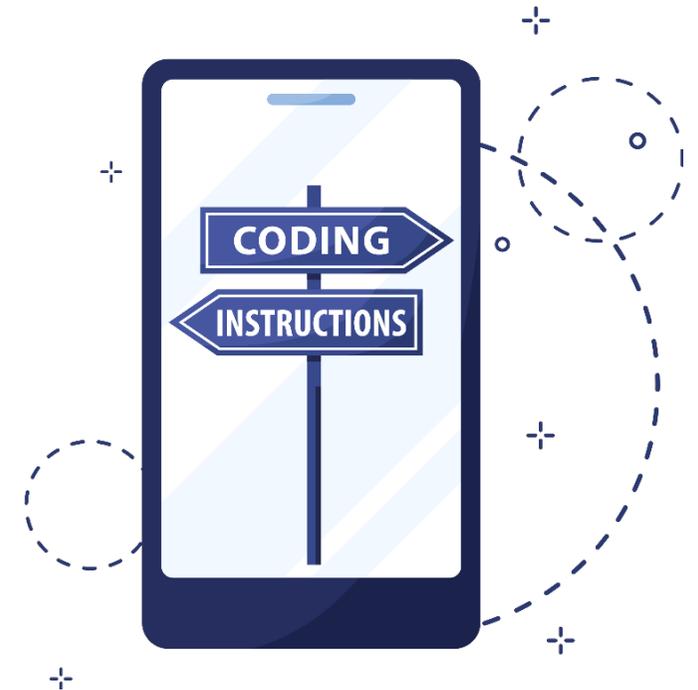
O0110: Coding Instructions (cont. 1)

REVISED

- **Column b. While a Resident.**

  - Check all treatments, procedures, and programs that the resident received or performed *after* admission/entry or reentry to the facility and within the last 14 days.

  - If no treatments, procedures or programs were received by, performed on, or participated in by the resident within the last 14 days or since admission/entry or reentry, check **Z, None of the above.**
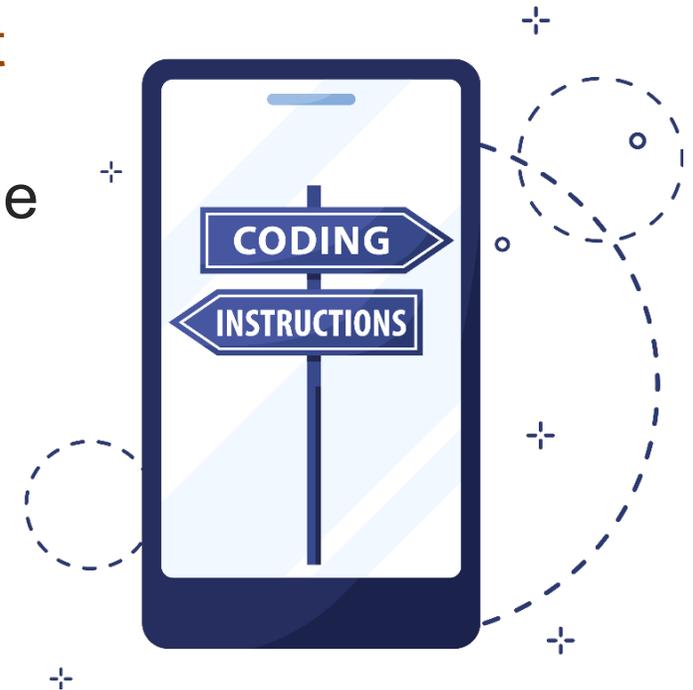
O0110: Coding Instructions (cont. 2)

- **Column c. At Discharge.**

    - Check all treatments, procedures, and programs received by, performed on, or participated in by the resident in the last 3 days of the SNF PPS Stay ending with A2400C.

    - If no treatments, procedures or programs were received by, performed on, or participated in by the resident in the 3-day assessment period, **check Z, None of the above.**

O0110A1. Chemotherapy – Coding Tips

REVISED
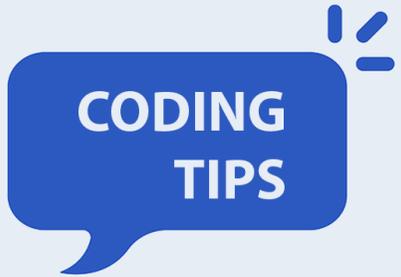
CODING TIPS

IVs, IV medication, and blood transfusions administered during chemotherapy are **not** recorded under items K0520A (Parenteral/IV), O0110H (IV Medications), or O0110I (Transfusions).

O0110A1. Chemotherapy – Coding Tips (cont. 1)

- **O0110A2. IV.**

  – Check if chemotherapy was administered intravenously.

- **O0100A3. Oral.**

  – Check if chemotherapy was administered orally (e.g., pills, capsules, or liquids the resident swallows).

  – This sub-element also applies if the chemotherapy is administered through a feeding tube/percutaneous endoscopic gastrostomy (PEG) (i.e., enterally).

O0110A1. Chemotherapy – Coding Tips (cont. 2)

- **O0100A10. Other.**
  - Check if chemotherapy was given in a way other than intravenously or orally (e.g., intramuscular, intraventricular/intrathecal, intraperitoneal, or topical routes).

O0110C1. Oxygen Therapy – Coding Tips

CODING TIPS

- **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.

O0110C1. Oxygen Therapy – Coding Tips (cont. 1)

- **O0110C4. High-Concentration.**

  - A high-concentration oxygen delivery system is one that delivers oxygen at a concentration that exceeds a fraction of inspired Oxygen (FiO_2) 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).

O0110C1. Oxygen Therapy – Coding Tips (cont. 2)

NEW

- **O0110C4. High-Concentration.**

  - 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%.

>40%

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O0110D1. Suctioning – Coding Tips

NEW

CODING TIPS

- **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.

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O0110E1. Tracheostomy Care – Coding Tips

REVISED
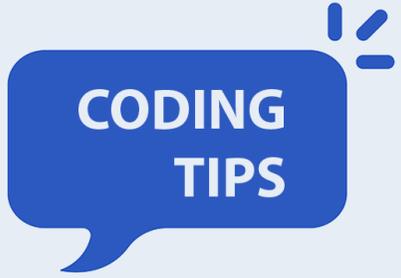
- **O0110E1. Tracheostomy Care.**

  - Code cleansing of the tracheostomy and/or cannula in this item.

  - This item may also be checked if the resident performs their own tracheostomy care or receives assistance. This item includes laryngectomy tube care.

O0110G1. Non-invasive Mechanical Ventilator – Coding Tips

CODING TIPS

- **O0110G2. BiPAP.**
  - Check if the non-invasive mechanical ventilator support was BiPAP.

- **O0110G3. CPAP.**
  - Check if the non-invasive mechanical ventilator support was CPAP.

O0110H1. IV Medications – Coding Tips

CODING TIPS

Lactated Ringers given IV is not considered a medication and should not be coded here. Resources and tools providing information on medications are available in Section N of the manual.

- **O0110H2. Vasoactive medications.**
  - Check when at least one of the IV medications was a vasoactive medication.

- **O0110H3. Antibiotics.**
  - Check when at least one of the IV medications was an antibiotic.

O0110H1. IV Medications – Coding Tips

CODING TIPS

- **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).

O0110J1. Dialysis – Coding Tips

CODING TIPS

NEW

- **O0110J2. Hemodialysis.**
  - Check when the dialysis was hemodialysis. In hemodialysis the resident'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.

O0110O1. IV Access – Coding Tips

- **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.

O0110O1. IV Access – Coding Tips (cont.)

- **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).

Summary

- A revised data element, **O0110. Special Treatments, Procedures, and Programs** has replaced the original data element, **O0100.**

- This revised data element includes new assessment periods, expanded sub-elements for more detailed coding, and new examples.

Submitting Questions

If you have questions about this presentation, please submit them to PACTraining@EconometricaInc.com by June 2, 2023.

Select questions will be answered in Q&A sessions offered during the June 2023 virtual live event.