

**Track Changes**  
**from Chapter 3 Section O V1.07**  
**to Chapter 3 Section O V1.08**

Chapter	Section	Page	Change
3	O0250	O-7	<ul style="list-style-type: none"> <li>The Influenza season varies annually. Information about current Influenza season can be obtained by accessing the CDC Seasonal Influenza (Flu) website. This website provides information on Influenza activity and has an interactive map that shows geographic spread of Influenza:  <a href="http://www.cdc.gov/flu/weekly/fluactivitysurv.htm">http://www.cdc.gov/flu/weekly/fluactivitysurv.htm</a> ,  <a href="http://www.cdc.gov/flu/weekly/usmap.htm">http://www.cdc.gov/flu/weekly/usmap.htm</a>. Facilities can also contact their local health department website for their local Influenza surveillance information. The Influenza season ends when Influenza is no longer active in your geographic area.</li> <li>Once the influenza vaccination has been administered to a resident for the current influenza season, this value is carried forward until the new influenza season begins.</li> </ul>
3	O0400	O-14	Replaced screen shot.

OLD

**O0400. Therapies**

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

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

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

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

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

4. **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

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

**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. **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

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

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

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

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

O0400 continued on next page

**Track Changes  
from Chapter 3 Section O V1.07  
to Chapter 3 Section O V1.08**

**NEW**

**00400. Therapies**

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

Enter: Number of Minutes

   

Enter: Number of Minutes

   

Enter: Number of Minutes

   

Enter: Number of Days

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 00400A5, Therapy start date

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

**B. Occupational Therapy**

Enter: Number of Minutes

   

Enter: Number of Minutes

   

Enter: Number of Minutes

   

Enter: Number of Days

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 00400B5, Therapy start date

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

**C. Physical Therapy**

Enter: Number of Minutes

   

Enter: Number of Minutes

   

Enter: Number of Minutes

   

Enter: Number of Days

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 00400C5, Therapy start date

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

00400 continued on next page

**Track Changes  
from Chapter 3 Section O V1.07  
to Chapter 3 Section O V1.08**

3	O0400	O-15	Replaced screen shot.
<b>OLD</b>			
<div> <div> <b>O0400. Therapies - Continued</b> </div> <div> <div> Enter Number of Minutes  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> Enter Number of Days  <input type="text"/> </div> <div> Enter Number of Minutes  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> Enter Number of Days  <input type="text"/> </div> <div> Enter Number of Minutes  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> Enter Number of Days  <input type="text"/> </div> </div> <div> <div><b>D. Respiratory Therapy</b></div> <div> 1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400E, Psychological Therapy </div> <div> 2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days </div> <div><b>E. Psychological Therapy</b> (by any licensed mental health professional)</div> <div> 1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400F, Recreational Therapy </div> <div> 2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days </div> <div><b>F. Recreational Therapy</b> (includes recreational and music therapy)</div> <div> 1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0500, Restorative Nursing Programs </div> <div> 2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days </div> </div> </div>			
<b>NEW</b>			
<div> <div> <b>O0400. Therapies - Continued</b> </div> <div> <div> Enter Number of Minutes  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> Enter Number of Days  <input type="text"/> </div> <div> Enter Number of Minutes  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> Enter Number of Days  <input type="text"/> </div> <div> Enter Number of Minutes  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> Enter Number of Days  <input type="text"/> </div> </div> <div> <div><b>D. Respiratory Therapy</b></div> <div> 1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400E, Psychological Therapy </div> <div> 2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days </div> <div><b>E. Psychological Therapy</b> (by any licensed mental health professional)</div> <div> 1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400F, Recreational Therapy </div> <div> 2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days </div> <div><b>F. Recreational Therapy</b> (includes recreational and music therapy)</div> <div> 1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0450, Resumption of Therapy </div> <div> 2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days </div> </div> </div>			
3	O0400	O-17	<ul style="list-style-type: none"> <li><b>Therapy Start Date:</b> <ol style="list-style-type: none"> <li>Look at the date at A1600.</li> <li>Determine whether the resident has had skilled rehabilitation therapy at any time from that date to the present date.</li> <li>If so, enter the date that the therapy regimen started; if there was more than one therapy regimen since the A1600 date, enter the start date of the most</li> </ol> </li> </ul>

**Track Changes  
from Chapter 3 Section O V1.07  
to Chapter 3 Section O V1.08**

			recent therapy regimen.
3	O0400	O-18	Page length change.
3	O0400	O-19	Page length change.
3	O0400	O-20	When two clinicians (therapists or therapy assistants), each from a different discipline, treat one resident at the same time (with different treatments), both disciplines may code the treatment session in full. All policies regarding mode, modalities and student supervision must be followed as well as all other federal, state, practice and facility policies. For example, if two therapists (from different disciplines) were conducting a group treatment session, the group must be comprised of four participants who were doing the same or similar activities in each discipline. The decision to co-treat should be made on a case by case basis and the need for co-treatment should be well documented for each patient. Because co-treatment is appropriate for specific clinical circumstances and would not be suitable for all residents, its use should be limited.
3	O0400	O-21	Page length change.
3	O0400	O-22	Page length change.
3	O0400	O-23	Page length change.
3	O0400	O-24	Page length change.
3	O0400	O-25	Page length change.
3	O0400	O-26	Page length change.
3	O0400	O-27	Page length change.
3	O0400	O-28	Page length change.

**Track Changes**  
**from Chapter 3 Section O V1.07**  
**to Chapter 3 Section O V1.08**

3

O0400

O-29

Replaced screen shot.

OLD

**O0400. Therapies**

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

Enter Number of Minutes

1 9 0

Enter Number of Minutes

7 0

Enter Number of Minutes

7 5

Enter Number of Days

5

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 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

1 0 - 0 6 - 2 0 0 8  
Month Day Year

- - - - -  
Month Day Year

**B. Occupational Therapy**

Enter Number of Minutes

9 3

Enter Number of Minutes

0

Enter Number of Minutes

8 0

Enter Number of Days

5

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

1 0 - 0 9 - 2 0 0 8  
Month Day Year

- - - - -  
Month Day Year

**C. Physical Therapy**

Enter Number of Minutes

2 4 7

Enter Number of Minutes

1 0 0

Enter Number of Minutes

0

Enter Number of Days

5

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** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days
5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started
6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

1 0 - 0 7 - 2 0 0 8  
Month Day Year

- - - - -  
Month Day Year

O0400 continued on next page



**Track Changes**  
**from Chapter 3 Section O V1.07**  
**to Chapter 3 Section O V1.08**

**NEW**

**00400. Therapies**

<p>Enter Number of Minutes  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">190</div></p> <p>Enter Number of Minutes  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">70</div></p> <p>Enter Number of Minutes  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">75</div></p> <p>Enter Number of Days  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">5</div></p>	<p><b>A. Speech-Language Pathology and Audiology Services</b></p> <ol style="list-style-type: none"> <li>1. <b>Individual minutes</b> - record the total number of minutes this therapy was administered to the resident <b>individually</b> in the last 7 days</li> <li>2. <b>Concurrent minutes</b> - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> in the last 7 days</li> <li>3. <b>Group minutes</b> - record the total number of minutes this therapy was administered to the resident as <b>part of a group of residents</b> in the last 7 days</li> </ol> <p>If the sum of individual, concurrent, and group minutes is zero, → skip to 00400A5, Therapy start date</p> <ol style="list-style-type: none"> <li>4. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days</li> <li>5. <b>Therapy start date</b> - record the date the most recent therapy regimen (since the most recent entry) started  <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">10</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">06</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2011</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em; margin-top: 2px;"> <span>Month</span><span>Day</span><span>Year</span> </div> </li> <li>6. <b>Therapy end date</b> - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing  <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em; margin-top: 2px;"> <span>Month</span><span>Day</span><span>Year</span> </div> </li> </ol>
<p>Enter Number of Minutes  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">113</div></p> <p>Enter Number of Minutes  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">0</div></p> <p>Enter Number of Minutes  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">80</div></p> <p>Enter Number of Days  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">5</div></p>	<p><b>B. Occupational Therapy</b></p> <ol style="list-style-type: none"> <li>1. <b>Individual minutes</b> - record the total number of minutes this therapy was administered to the resident <b>individually</b> in the last 7 days</li> <li>2. <b>Concurrent minutes</b> - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> in the last 7 days</li> <li>3. <b>Group minutes</b> - record the total number of minutes this therapy was administered to the resident as <b>part of a group of residents</b> in the last 7 days</li> </ol> <p>If the sum of individual, concurrent, and group minutes is zero, → skip to 00400B5, Therapy start date</p> <ol style="list-style-type: none"> <li>4. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days</li> <li>5. <b>Therapy start date</b> - record the date the most recent therapy regimen (since the most recent entry) started  <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">10</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">09</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2011</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em; margin-top: 2px;"> <span>Month</span><span>Day</span><span>Year</span> </div> </li> <li>6. <b>Therapy end date</b> - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing  <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em; margin-top: 2px;"> <span>Month</span><span>Day</span><span>Year</span> </div> </li> </ol>
<p>Enter Number of Minutes  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">287</div></p> <p>Enter Number of Minutes  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">100</div></p> <p>Enter Number of Minutes  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">0</div></p> <p>Enter Number of Days  <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">5</div></p>	<p><b>C. Physical Therapy</b></p> <ol style="list-style-type: none"> <li>1. <b>Individual minutes</b> - record the total number of minutes this therapy was administered to the resident <b>individually</b> in the last 7 days</li> <li>2. <b>Concurrent minutes</b> - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> in the last 7 days</li> <li>3. <b>Group minutes</b> - record the total number of minutes this therapy was administered to the resident as <b>part of a group of residents</b> in the last 7 days</li> </ol> <p>If the sum of individual, concurrent, and group minutes is zero, → skip to 00400C5, Therapy start date</p> <ol style="list-style-type: none"> <li>4. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days</li> <li>5. <b>Therapy start date</b> - record the date the most recent therapy regimen (since the most recent entry) started  <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">10</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">07</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2011</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em; margin-top: 2px;"> <span>Month</span><span>Day</span><span>Year</span> </div> </li> <li>6. <b>Therapy end date</b> - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing  <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> <div>-</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">-</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em; margin-top: 2px;"> <span>Month</span><span>Day</span><span>Year</span> </div> </li> </ol>

00400 continued on next page

**Track Changes  
from Chapter 3 Section O V1.07  
to Chapter 3 Section O V1.08**

3	00400	O-30	Replaced screen shot.
---	-------	------	-----------------------

**OLD**

00400. Therapies - Continued																
<p>Enter Number of Minutes</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">5</td><td style="width: 25px;">0</td></tr> </table> <p>Enter Number of Days</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px;">0</td></tr> </table> <p>Enter Number of Minutes</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">0</td></tr> </table> <p>Enter Number of Days</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px;">0</td></tr> </table> <p>Enter Number of Minutes</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">9</td><td style="width: 25px;">0</td></tr> </table> <p>Enter Number of Days</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px;">3</td></tr> </table>			5	0	0				0	0			9	0	3	<p><b>D. Respiratory Therapy</b></p> <p>1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400E, Psychological Therapy</p> <p>2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days</p> <p><b>E. Psychological Therapy</b> (by any licensed mental health professional)</p> <p>1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400F, Recreational Therapy</p> <p>2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days</p> <p><b>F. Recreational Therapy</b> (includes recreational and music therapy)</p> <p>1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0500, Restorative Nursing Programs</p> <p>2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days</p>
		5	0													
0																
			0													
0																
		9	0													
3																

**NEW**

00400. Therapies - Continued																
<p>Enter Number of Minutes</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">5</td><td style="width: 25px;">0</td></tr> </table> <p>Enter Number of Days</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px;">0</td></tr> </table> <p>Enter Number of Minutes</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">0</td></tr> </table> <p>Enter Number of Days</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px;"> </td></tr> </table> <p>Enter Number of Minutes</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;">9</td><td style="width: 25px;">0</td></tr> </table> <p>Enter Number of Days</p> <table border="1" style="width: 100%; text-align: center;"> <tr><td style="width: 25px;">3</td></tr> </table>			5	0	0				0				9	0	3	<p><b>D. Respiratory Therapy</b></p> <p>1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400E, Psychological Therapy</p> <p>2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days</p> <p><b>E. Psychological Therapy</b> (by any licensed mental health professional)</p> <p>1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400F, Recreational Therapy</p> <p>2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days</p> <p><b>F. Recreational Therapy</b> (includes recreational and music therapy)</p> <p>1. <b>Total minutes</b> - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0450, Resumption of Therapy</p> <p>2. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day in the last 7 days</p>
		5	0													
0																
			0													
		9	0													
3																

**Track Changes  
from Chapter 3 Section O V1.07  
to Chapter 3 Section O V1.08**

3	O0500	O-31	Replaced screen shot.																												
OLD																															
<table><tr><th colspan="2">O0500. Restorative Nursing Programs</th></tr><tr><td colspan="2">Record the <b>number of days</b> each of the following restorative programs 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)</td></tr><tr><th>Number of Days</th><th>Technique</th></tr><tr><td><input type="checkbox"/></td><td>A. Range of motion (passive)</td></tr><tr><td><input type="checkbox"/></td><td>B. Range of motion (active)</td></tr><tr><td><input type="checkbox"/></td><td>C. Splint or brace assistance</td></tr><tr><th>Number of Days</th><th>Training and Skill Practice In:</th></tr><tr><td><input type="checkbox"/></td><td>D. Bed mobility</td></tr><tr><td><input type="checkbox"/></td><td>E. Transfer</td></tr><tr><td><input type="checkbox"/></td><td>F. Walking</td></tr><tr><td><input type="checkbox"/></td><td>G. Dressing and/or grooming</td></tr><tr><td><input type="checkbox"/></td><td>H. Eating and/or swallowing</td></tr><tr><td><input type="checkbox"/></td><td>I. Amputation/prostheses care</td></tr><tr><td><input type="checkbox"/></td><td>J. Communication</td></tr></table>				O0500. Restorative Nursing Programs		Record the <b>number of days</b> each of the following restorative programs 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="checkbox"/>	A. Range of motion (passive)	<input type="checkbox"/>	B. Range of motion (active)	<input type="checkbox"/>	C. Splint or brace assistance	Number of Days	Training and Skill Practice In:	<input type="checkbox"/>	D. Bed mobility	<input type="checkbox"/>	E. Transfer	<input type="checkbox"/>	F. Walking	<input type="checkbox"/>	G. Dressing and/or grooming	<input type="checkbox"/>	H. Eating and/or swallowing	<input type="checkbox"/>	I. Amputation/prostheses care	<input type="checkbox"/>	J. Communication
O0500. Restorative Nursing Programs																															
Record the <b>number of days</b> each of the following restorative programs 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="checkbox"/>	A. Range of motion (passive)																														
<input type="checkbox"/>	B. Range of motion (active)																														
<input type="checkbox"/>	C. Splint or brace assistance																														
Number of Days	Training and Skill Practice In:																														
<input type="checkbox"/>	D. Bed mobility																														
<input type="checkbox"/>	E. Transfer																														
<input type="checkbox"/>	F. Walking																														
<input type="checkbox"/>	G. Dressing and/or grooming																														
<input type="checkbox"/>	H. Eating and/or swallowing																														
<input type="checkbox"/>	I. Amputation/prostheses care																														
<input type="checkbox"/>	J. Communication																														
NEW																															
<table><tr><th colspan="2">O0500. Restorative Nursing Programs</th></tr><tr><td colspan="2">Record the <b>number of days</b> each of the following restorative programs 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)</td></tr><tr><th>Number of Days</th><th>Technique</th></tr><tr><td><input type="checkbox"/></td><td>A. Range of motion (passive)</td></tr><tr><td><input type="checkbox"/></td><td>B. Range of motion (active)</td></tr><tr><td><input type="checkbox"/></td><td>C. Splint or brace assistance</td></tr><tr><th>Number of Days</th><th>Training and Skill Practice In:</th></tr><tr><td><input type="checkbox"/></td><td>D. Bed mobility</td></tr><tr><td><input type="checkbox"/></td><td>E. Transfer</td></tr><tr><td><input type="checkbox"/></td><td>F. Walking</td></tr><tr><td><input type="checkbox"/></td><td>G. Dressing and/or grooming</td></tr><tr><td><input type="checkbox"/></td><td>H. Eating and/or swallowing</td></tr><tr><td><input type="checkbox"/></td><td>I. Amputation/prostheses care</td></tr><tr><td><input type="checkbox"/></td><td>J. Communication</td></tr></table>				O0500. Restorative Nursing Programs		Record the <b>number of days</b> each of the following restorative programs 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="checkbox"/>	A. Range of motion (passive)	<input type="checkbox"/>	B. Range of motion (active)	<input type="checkbox"/>	C. Splint or brace assistance	Number of Days	Training and Skill Practice In:	<input type="checkbox"/>	D. Bed mobility	<input type="checkbox"/>	E. Transfer	<input type="checkbox"/>	F. Walking	<input type="checkbox"/>	G. Dressing and/or grooming	<input type="checkbox"/>	H. Eating and/or swallowing	<input type="checkbox"/>	I. Amputation/prostheses care	<input type="checkbox"/>	J. Communication
O0500. Restorative Nursing Programs																															
Record the <b>number of days</b> each of the following restorative programs 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="checkbox"/>	A. Range of motion (passive)																														
<input type="checkbox"/>	B. Range of motion (active)																														
<input type="checkbox"/>	C. Splint or brace assistance																														
Number of Days	Training and Skill Practice In:																														
<input type="checkbox"/>	D. Bed mobility																														
<input type="checkbox"/>	E. Transfer																														
<input type="checkbox"/>	F. Walking																														
<input type="checkbox"/>	G. Dressing and/or grooming																														
<input type="checkbox"/>	H. Eating and/or swallowing																														
<input type="checkbox"/>	I. Amputation/prostheses care																														
<input type="checkbox"/>	J. Communication																														
3	O0600	O-39	<div>Coding Tips and Special Populations</div> <ul style="list-style-type: none"><li>Includes medical doctors, doctors of osteopathy, podiatrists, dentists, and authorized physician assistants, nurse practitioners, or clinical nurse specialists working</li></ul>																												



**Track Changes  
from Chapter 3 Section O V1.07  
to Chapter 3 Section O V1.08**

			in collaboration with the physician as allowable by state law. <del>Cannot be an employee of the facility.</del>
3	O0700	O-40	<b>Coding Tips and Special Populations</b> <ul style="list-style-type: none"> <li>Includes orders written by medical doctors, doctors of osteopathy, podiatrists, dentists, and physician assistants, nurse practitioners, or clinical nurse specialists working in collaboration with the physician as allowable by state law. <del>Cannot be an employee of the facility.</del></li> </ul>