

SECTION O: SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS

Intent: The intent of the items in this section is to identify any special treatments, procedures, and programs that apply to the patient.

O0110. Special Treatments, Procedures, and Programs

Admission

O0110. Special Treatments, Procedures, and Programs	
Check all of the following treatments, procedures, and programs that apply on admission.	
	a. On Admission
	Check all that apply ↓
Cancer Treatments	
A1. Chemotherapy	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>
A10. Other	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>
Respiratory Therapies	
C1. Oxygen Therapy	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>
D3. As Needed	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>
G1. Non-Invasive Mechanical Ventilator	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>
Other	
H1. IV Medications	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>
H4. Anticoagulation	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>

O0110. Special Treatments, Procedures, and Programs	
Check all of the following treatments, procedures, and programs that apply on admission.	
	a. On Admission Check all that apply ↓
Other (continued)	
I1. Transfusions	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>
O1. IV Access	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>
None of the Above	
Z1. None of the above	<input type="checkbox"/>

Discharge

00110. Special Treatments, Procedures, and Programs	
Check all of the following treatments, procedures, and programs that apply at discharge.	
	c. At Discharge Check all that apply ↓
Cancer Treatments	
A1. Chemotherapy	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>
A10. Other	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>
Respiratory Therapies	
C1. Oxygen Therapy	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>
D3. As Needed	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>
G1. Non-Invasive Mechanical Ventilator	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>
Other	
H1. IV Medications	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>
H4. Anticoagulation	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>
O1. IV Access	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>
None of the Above	
Z1. None of the above	<input type="checkbox"/>

Item Rationale

- The treatments, procedures, and programs listed in O0110, Special Treatments, Procedures, and Programs, can have a profound effect on an individual's health status, self-image, dignity, and quality of life.

Steps for Assessment for Admission

1. Review the patient's medical record and consult with the patient, family, caregiver(s), and/or staff to determine whether or not any of the treatments, procedures, or programs apply on admission.
2. Check each type of treatment, procedure, or program that applies.

Coding Instructions for Admission

Check all treatments, procedures, and programs that apply on admission. For O0110A1 (Chemotherapy), O0110B1 (Radiation), and O0110J1 (Dialysis), check if the patient is undergoing treatment. If no items apply on admission, **check Z1, None of the above**.

Steps for Assessment for Discharge

1. Review the patient's medical record and consult with the patient, family, caregiver(s), and/or staff to determine whether or not any of the treatments, procedures, or programs apply at discharge.
2. Check each type of treatment, procedure, or program that applies.

Coding Instructions for Discharge

Check all treatments, procedures, and programs that apply at discharge. For O0110A1 (Chemotherapy), O0110B1 (Radiation), and O0110J1 (Dialysis), check if the patient is undergoing treatment. If no items apply at discharge, **check Z1, None of the above**.

Coding Tips

- Check all treatments, programs, and procedures that are part of the patient's current care/treatment plan. Include treatments, programs, and procedures performed by others and those the patient performed themselves independently or after setup by facility staff or family/caregivers.
- Check treatments, procedures, and programs that are performed in the care setting, or in other settings (e.g., dialysis performed in a dialysis center).
- Do not check services that were provided solely in conjunction with a surgical procedure or diagnostic procedure, such as intravenous (IV) medications or ventilators. Surgical procedures include routine pre- and post-operative procedures.
- **O0110A1, Chemotherapy**
Code any type of chemotherapy medication administered as an antineoplastic for cancer treatment 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 medication. 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 patient 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 IRF-PAI. IVs, IV medication, and blood transfusions administered during chemotherapy are **not** recorded under items K0520A (Parenteral/IV feeding), O0110H1 (IV Medications), or O0110I1 (Transfusions).

- **O0110A2, IV**
Check if chemotherapy was administered intravenously.
- **O0100A3, 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/percutaneous endoscopic gastrostomy (PEG) (i.e., enterally).
- **O0100A10, Other**
Check if chemotherapy was given in a way other than intravenously or orally (e.g., intramuscular, intraventricular/intrathecal, intraperitoneal, or topical routes).
- **O0110B1, Radiation**
Code intermittent radiation therapy, as well as radiation administered via radiation implant in this item.
- **O0110C1, Oxygen therapy**
Code continuous or intermittent oxygen administered via mask, cannula, etc., delivered to a patient 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 patient places or removes their own oxygen mask or cannula.
 - **O0110C2, Continuous**
Check if oxygen therapy was continuously delivered for greater than/equal to 14 hours 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 an 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 non-rebreather masks, face tents, venturi masks, aerosol masks, 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%.

- **00110D1, Suctioning**

Code only tracheal and/or nasopharyngeal suctioning in this item. Do not include oral suctioning here. This item may also be checked if the patient performs their own tracheal and/or nasopharyngeal suctioning.

- **00110D2, Scheduled**

Check if suctioning was scheduled. Scheduled suctioning is performed when the patient is assessed to clinically benefit 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.

- **00110D3, As Needed**

Check if suctioning was performed on an as-needed basis, as opposed to 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.

- **00110E1, Tracheostomy care**

Code cleansing of the tracheostomy and/or cannula in this item. This item may also be checked if the patient performs their own tracheostomy care or receives assistance.

- **00110F1, Invasive Mechanical Ventilator** (ventilator or respirator)

Code any type of electrically or pneumatically powered closed-system mechanical ventilator support device that ensures adequate ventilation in the patient who is or who may become (such as during weaning attempts) **unable to support their own respiration** in this item. During invasive mechanical ventilation, the patient's breathing is controlled by the ventilator. Patients receiving closed-system ventilation include those patients receiving ventilation via an endotracheal tube (e.g., nasally or orally intubated) or tracheostomy. A patient who has been weaned off or is currently being weaned off a respirator or ventilator during the assessment period should also be included here. Do **not** check this item when the ventilator is used only as a substitute for BiPAP or CPAP.

- **00110G1, Non-Invasive Mechanical Ventilator**

Code any type of CPAP or BiPAP respiratory support devices that prevent airways from closing by delivering slightly pressurized air through a mask or other device continuously or via electronic cycling throughout the breathing cycle. The BiPAP/CPAP mask/device enables the individual to **support their own spontaneous respiration** by providing enough pressure when the individual inhales to keep their airways open, unlike ventilators that “breathe” for the individual. If a ventilator is being used as a substitute for

BiPAP/CPAP, code here (and do not check O0110G2 or O0110G3). This item may be checked if the patient places or removes their own BiPAP/CPAP mask/device or if the staff applies it for the patient.

- **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**

Code any medication or biological given by intravenous push, epidural pump, or drip through a central or peripheral port in this item. Do **not** include flushes to keep an IV access port patent, or IV fluids without medication here. Epidural, intrathecal, and baclofen pumps may be checked 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** included 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 not considered medications, and should not be included 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>

- **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.

- **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).

- **O0110I1, Transfusions**

Code transfusions of blood or any blood products (e.g., platelets, synthetic blood products), that are administered directly into the bloodstream in this item. Do **not** include transfusions that were administered during dialysis or chemotherapy.

- **O0110J1, Dialysis**

Code peritoneal or renal dialysis which occurs at the IRF 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 K0520A (Parenteral/IV feeding), O0110H1 (IV Medications), or O0110I1 (Transfusions). This item may also be checked if the patient performs their own dialysis.

- **00110J2, 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.

- **00110J3, 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.

- **0011001, 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, hemodialysis, 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.

- **0011002, Peripheral**

Check when IV access was peripheral access (catheter is placed in a peripheral vein) and remains peripheral.

- **0011003, 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.

- **0011004, Central** (e.g., PICC, tunneled, port)

Check when IV access was centrally located (e.g., peripherally inserted central catheter [PICC], tunneled, port).

- **00110Z1, None of the above**

Check if none of the above treatments, procedures, or programs apply.

Examples

1. The patient's referral information indicates that they were discharged from an acute care facility following inpatient stay for bacterial pneumonia that required placement of a tracheostomy. On admission, the patient requires intermittent oxygen. Their suctioning needs vary but are decreasing. The patient has, however, had intermittent desaturations due to mucus plugging that have required use of a tracheostomy mask at an FiO₂ of greater than 40% intermittently. The patient has orders for 1 more week of IV antibiotics, which are being delivered via a PICC line.

Coding: Check boxes **O0110C1** (Oxygen Therapy), **O0110C3** (Intermittent), and **O0110C4** (High-concentration), **O0100D1** (Suctioning) and **O0110D3** (As Needed), **O0110E1** (Tracheostomy Care), **O0110H1** (IV Medications) and **O0110H3** (Antibiotics), and **O0110O1** (IV Access) and **O0110O4** (Central).

Rationale: The patient is receiving intermittent oxygen, high-concentration oxygen delivery, as-needed suctioning, tracheostomy care, and IV antibiotics via a PICC line on admission.

2. The patient has advanced prostate cancer and is receiving radiation and an oral chemotherapy medication to treat the prostate cancer. The patient is being admitted today, following an inpatient stay for an acute pulmonary embolism. Their discharge orders include enoxaparin subcutaneously for continued anticoagulation. The patient does not have orders for IV medications but still has a port in place.

Coding: Check boxes **O0110A1** (Chemotherapy), **O0110A3** (Oral), and **O0110B1** (Radiation), and **O0110O1** (IV Access) and **O0110O4** (Central).

Rationale: O0110H4 (Anticoagulation) is not checked because enoxaparin is administered subcutaneously, not intravenously. Even though the patient's port is not being accessed currently, they still have one and therefore O0110O1 (IV Access) and O0110O4 (Central) should be checked. The patient is also receiving oral chemotherapy and radiation so O0110A1 (Chemotherapy) and O0110A3 (Oral), and O0110B1 (Radiation) should be selected.

3. The patient has multiple myeloma and was discharged from an acute admission after a pathologic vertebral fracture with significant pain. On admission to the IRF, referral documentation and physician orders include palliative radiation, lenalidomide, and notes that frequent transfusions are required. The patient has a port for pamidronate infusions due to hypercalcemia.

Coding: Check boxes **O0110A1** (Chemotherapy), **O0110A3** (Oral), and **O0110B1** (Radiation), **O0110I1** (Transfusions), **O0110H1** (IV Medications) and **O0110H10** (Other) and **O0110O1** (IV Access) and **O0110O4** (Central).

Rationale: The patient is receiving oral chemotherapy (lenalidomide), radiation, transfusions, an IV medication (pamidronate), which falls under "other" IV medications, and has a port. The transfusions are not noted to be occurring only with chemotherapy, and as such should be coded separately.

4. The patient has sleep apnea and requires a CPAP device to be worn when sleeping. The staff set up the humidifier element of the CPAP and the patient puts on the CPAP mask prior to falling asleep.

Coding: Check boxes **O0110G1** (Non-invasive Mechanical Ventilator) and **O0110G3** (CPAP).

Rationale: The patient is able to breathe on their own and wears the CPAP mask when sleeping to manage their sleep apnea.