

**Track Changes**  
**from Chapter 3 Section O v1.16**  
**to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change																																																																																																																																			
3	O0100	O-1	<div>Replaced screenshot.</div> <div>OLD</div> <div><table><tr><th colspan="3">O0100. Special Treatments, Procedures, and Programs</th></tr><tr><td colspan="3">Check all of the following treatments, procedures, and programs that were performed during the last 14 days</td></tr><tr><td><b>1. While NOT a Resident</b> Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i>. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank</td><td rowspan="2">1. While NOT a Resident</td><td rowspan="2">2. While a Resident</td></tr><tr><td><b>2. While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i></td></tr><tr><td colspan="3">↓ Check all that apply ↓</td></tr><tr><td colspan="3"><b>Cancer Treatments</b></td></tr><tr><td>A. Chemotherapy</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>B. Radiation</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3"><b>Respiratory Treatments</b></td></tr><tr><td>C. Oxygen therapy</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>D. Suctioning</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>E. Tracheostomy care</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>F. Invasive Mechanical Ventilator (ventilator or respirator)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3"><b>Other</b></td></tr><tr><td>H. IV medications</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>I. Transfusions</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>J. Dialysis</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>K. Hospice care</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>L. Respite care</td><td></td><td><input type="checkbox"/></td></tr><tr><td>M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3"><b>None of the Above</b></td></tr><tr><td>Z. None of the above</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table></div> <div><table><tr><th colspan="3">O0100. Special Treatments, Procedures, and Programs</th></tr><tr><td colspan="3">Check all of the following treatments, procedures, and programs that were performed during the last 14 days</td></tr><tr><td><b>1. While NOT a Resident</b> Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i>. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank</td><td rowspan="2">1. While NOT a Resident</td><td rowspan="2">2. While a Resident</td></tr><tr><td><b>2. While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i></td></tr><tr><td colspan="3">↓ Check all that apply ↓</td></tr><tr><td colspan="3"><b>Cancer Treatments</b></td></tr><tr><td>A. Chemotherapy</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>B. Radiation</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3"><b>Respiratory Treatments</b></td></tr><tr><td>C. Oxygen therapy</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>D. Suctioning</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>E. Tracheostomy care</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>F. Invasive Mechanical Ventilator (ventilator or respirator)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3"><b>Other</b></td></tr><tr><td>H. IV medications</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>I. Transfusions</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>J. Dialysis</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>K. Hospice care</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3"><b>None of the Above</b></td></tr><tr><td>Z. None of the above</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table></div>	O0100. Special Treatments, Procedures, and Programs			Check all of the following treatments, procedures, and programs that were performed during the last 14 days			<b>1. While NOT a Resident</b> Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident	<b>2. While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	↓ Check all that apply ↓			<b>Cancer Treatments</b>			A. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	B. Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<b>Respiratory Treatments</b>			C. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	D. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	E. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>	F. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>	G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)	<input type="checkbox"/>	<input type="checkbox"/>	<b>Other</b>			H. IV medications	<input type="checkbox"/>	<input type="checkbox"/>	I. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	J. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	K. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>	L. Respite care		<input type="checkbox"/>	M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>	<b>None of the Above</b>			Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	O0100. Special Treatments, Procedures, and Programs			Check all of the following treatments, procedures, and programs that were performed during the last 14 days			<b>1. While NOT a Resident</b> Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident	<b>2. While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	↓ Check all that apply ↓			<b>Cancer Treatments</b>			A. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	B. Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<b>Respiratory Treatments</b>			C. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	D. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	E. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>	F. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>	G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)	<input type="checkbox"/>	<input type="checkbox"/>	<b>Other</b>			H. IV medications	<input type="checkbox"/>	<input type="checkbox"/>	I. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	J. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	K. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>	M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>	<b>None of the Above</b>			Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>
		O0100. Special Treatments, Procedures, and Programs																																																																																																																																				
Check all of the following treatments, procedures, and programs that were performed during the last 14 days																																																																																																																																						
<b>1. While NOT a Resident</b> Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident																																																																																																																																				
<b>2. While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>																																																																																																																																						
↓ Check all that apply ↓																																																																																																																																						
<b>Cancer Treatments</b>																																																																																																																																						
A. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
B. Radiation	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
<b>Respiratory Treatments</b>																																																																																																																																						
C. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
D. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
E. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
F. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
<b>Other</b>																																																																																																																																						
H. IV medications	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
I. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
J. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
K. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
L. Respite care		<input type="checkbox"/>																																																																																																																																				
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
<b>None of the Above</b>																																																																																																																																						
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
O0100. Special Treatments, Procedures, and Programs																																																																																																																																						
Check all of the following treatments, procedures, and programs that were performed during the last 14 days																																																																																																																																						
<b>1. While NOT a Resident</b> Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident																																																																																																																																				
<b>2. While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>																																																																																																																																						
↓ Check all that apply ↓																																																																																																																																						
<b>Cancer Treatments</b>																																																																																																																																						
A. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
B. Radiation	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
<b>Respiratory Treatments</b>																																																																																																																																						
C. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
D. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
E. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
F. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
<b>Other</b>																																																																																																																																						
H. IV medications	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
I. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
J. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
K. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
<b>None of the Above</b>																																																																																																																																						
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																				
3	O0100	O-5	<div><del>• O0100L, Respite care</del></div> <div><del>Code only when the resident’s care program involves a short-term stay in the facility for the purpose of providing relief to a primary home-based caregiver(s) in this item.</del></div>																																																																																																																																			

**Track Changes**  
**from Chapter 3 Section O v1.16**  
**to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0100	O-6	Finally, when coding for isolation, the facility should review the resident's status and determine if the criteria for a Significant Change of Status Assessment (SCSA) is met based on the effect the infection has on the resident's function and plan of care. The definition and criteria of "significant change of status" is found in Chapter 2, page 20Section 2.6, 03. Significant Change in Status Assessment (SCSA) (A0310A = 04). Regardless of whether the resident meets the criteria for an SCSA, a modification of the resident's plan of care will likely need to be completed.
3	O0400	O-15	<p><b>Health-related Quality of Life</b></p> <ul style="list-style-type: none"> <li>Maintaining as much independence as possible in activities of daily living, mobility, and communication is critically important to most people. Functional decline can lead to depression, withdrawal, social isolation, breathing problems, and complications of immobility, such as incontinence and pressure ulcers/injuries, which contribute to diminished quality of life. The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of, the therapy services provided to residents.</li> </ul>
3	O0400	O-16	<p><b>Group minutes</b>—Enter the total number of minutes of therapy that were provided in a group in the last 7 days. Enter 0 if none were provided. Group therapy is defined for Part A as the treatment of 4 two to six residents, regardless of payer source, who are performing the same or similar activities, and are supervised by a therapist or an assistant who is not supervising any other individuals. For Medicare Part B, treatment of two patients (or more), regardless of payer source, at the same time is documented as group treatment. For all other payers, follow Medicare Part A instructions.</p>
3	O0400	O-17	<ul style="list-style-type: none"> <li><b>Therapy Start Date</b>—Record the date the most recent therapy regimen (since the most recent entry/reentry) started. This is the date the initial therapy evaluation is conducted regardless if treatment was rendered or not or the date of resumption (<del>O0450B</del>) on the resident's EOT <del>OMRA</del>, in cases where the resident discontinued and then resumed therapy.</li> </ul>

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0400	O-21	<p><b>Co-treatment</b></p> <p><b>For Part A:</b></p> <ul style="list-style-type: none"> <li>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 <del>four</del> <b>two to six</b> 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.</li> </ul>
3	O0400	O-23	<p><b>Modes of Therapy</b></p> <p>A resident may receive therapy via different modes during the same day or even treatment session. When developing the plan of care, the therapist and assistant must determine which mode(s) of therapy and the amount of time the resident receives for each mode and code the MDS appropriately. The therapist and assistant should document the reason a specific mode of therapy was chosen as well as anticipated goals for that mode of therapy. For any therapy that does not meet one of the therapy mode definitions below, those minutes may not be counted on the MDS. <del>(Please also see the section on group therapy for limited exceptions related to group size.)</del> The therapy mode definitions must always be followed and apply regardless of when the therapy is provided in relationship to all assessment windows (i.e., applies whether or not the resident is in a look back period for an MDS assessment).</p>
3	O0400	O-23	<p><del>NOTE: The minutes being coded on the MDS are unadjusted minutes, meaning, the minutes are coded in the MDS as the full time spent in therapy; however, the software grouper will allocate the minutes appropriately. In the case of concurrent therapy, the minutes will be divided by 2.</del></p>

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0400	O-25	<p><b><u>Group Therapy</u></b></p> <p><b>Medicare Part A</b></p> <p>The treatment of 4 <b>two to six</b> residents, regardless of payer source, who are performing the same or similar activities, and are supervised by a therapist or assistant who is not supervising any other individuals.</p>
3	O0400	O-25	<ul style="list-style-type: none"> <li>NOTE: <del>The minutes being coded on the MDS are unadjusted minutes, meaning, the minutes are coded in the MDS as the full time spent in therapy; however, the software grouper will allocate the minutes appropriately. In the case of group therapy, the minutes will be divided by 4.</del></li> </ul>
3	O0400	O-27	<p>For example, Mr. N. was admitted to the nursing home following a fall that resulted in a hip fracture in November 2011<b>2019</b>. Occupational and Physical therapy started December 3, 2011<b>2019</b>. His physical therapy ended January 27, 2012<b>2020</b> and occupational therapy ended January 29, 2012<b>2020</b>. Later on during his stay at the nursing home, due to the progressive nature of his Parkinson's disease, he was referred to SLP and OT February 10, 2012<b>2020</b> (he remained in the facility the entire time). The speech-language pathologist evaluated him on that day and the occupational therapist evaluated him the next day. The ARD for Mr. N.'s MDS assessment is February 28, 2012<b>2020</b>. Coding values for his MDS are:</p> <ul style="list-style-type: none"> <li>O0400A5 (SLP start date) is 02102012<b>02102020</b>,</li> <li>O0400A6 (SLP end date) is dash filled,</li> <li>O0400B5 (OT start date) is 02112012<b>02112020</b>,</li> <li>O0400B6 (OT end date) is dash filled,</li> <li>O0400C5 (PT start date) is 12032011<b>12032019</b>, and</li> <li>O0400C6 (PT end date) is 01272012<b>01272020</b>.</li> </ul>
3	O0400– O0700	O-28– O-52	Page length changed due to revised content.

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0400	O-28	<p><del>O0400: Therapies (cont.)</del></p> <p>NOTE: When an EOT-R is completed, the Therapy Start Date (O0400A5, O0400B5, and O0400C5) on the <u>next</u> PPS assessment is the same as the Therapy Start Date on the EOT-R. If therapy is ongoing, the Therapy End Date (O0400A6, O0400B6, and O0400C6) would be dash filled.</p> <p>For example, Mr. T. was admitted to the nursing home following a fall that resulted in a hip fracture in May 2013. Occupational and Physical therapy started May 10, 2013. His physical therapy ended May 23, 2013 but the occupational therapy continued. Due to observed swallowing issues, he was referred to SLP on May 31, 2013 and the speech language pathologist evaluated him on that day. Though Mr. T was able to receive both occupational therapy and speech therapy on June 12, he is unable to receive therapy on June 13 or June 14 due to a minor bout with the flu. The facility does not provide therapy on the weekends, which means that June 15, 2013 represents the third day of missed therapy, triggering an EOT OMRA. The therapy staff and nurses discuss Mr. T's condition and agree that Mr. T should be able to resume the same level of therapy beginning on June 18, 2013, so the facility decides to complete the EOT OMRA as an EOT-R, with an ARD of June 15, 2013.</p>

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0400	O-28	<p><del>Coding values for Mr. T's EOT-R are:</del></p> <p><del>O0400A5 (SLP start date) is 05312013,</del></p> <p><del>O0400A6 (SLP end date) is 06122013,</del></p> <p><del>O0400B5 (OT start date) is 05102013,</del></p> <p><del>O0400B6 (OT end date) is 06122013,</del></p> <p><del>O0400C5 (PT start date) is 05102013, and</del></p> <p><del>O0400C6 (PT end date) is 05232013.</del></p> <p><del>Subsequent to the EOT-R, the next PPS assessment completed for Mr. T is the 30-day assessment, with an ARD of June 23, 2013. There were no changes in the therapy services delivered to Mr. T since the EOT-R was completed.</del></p> <p><del>Coding values for Mr. T's 30-day assessment are:</del></p> <p><del>O0400A5 (SLP start date) is 05312013,</del></p> <p><del>O0400A6 (SLP end date) is dash filled,</del></p> <p><del>O0400B5 (OT start date) is 05102013,</del></p> <p><del>O0400B6 (OT end date) is dash filled,</del></p> <p><del>O0400C5 (PT start date) is 05102013, and</del></p> <p><del>O0400C6 (PT end date) is 05232013.</del></p>
3	O0400	O-28	<p><b><u>General Coding Example:</u></b></p> <p>Following a stroke, Mrs. 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 had slurred speech, difficulty swallowing, severe weakness in both her right upper and lower extremities, and a Stage III pressure ulcer on her left lateral malleolus. She was referred to SLP, OT, and PT with the long-term goal of returning home with her daughter and son-in-law. Her 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 was also referred to recreational therapy and respiratory therapy. The interdisciplinary team determined that 10/19/19 was an appropriate ARD for her Medicare-required 14-day MDS 5-Day assessment. During the look-back period she received the following:</p>

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0400	O-28	<ul style="list-style-type: none"> <li>Individual speech techniques; Tuesday and Thursday for 20-minute sessions each day.  <b>Coding:</b>  O0400A1 would be <b>coded 190</b>; O0400A2 would be <b>coded 70</b>; O0400A3 would be <b>coded 75</b>; O0400A4 would be <b>coded 5</b>; O0400A5 would be <b>coded <del>10062014</del>10062019</b>; and O0400A6 would be <b>coded with dashes</b>.  <b>Rationale:</b>  Individual minutes totaled 190 over the 7-day look-back period <math>[(30 \times 5) + (20 \times 2) = 190]</math>; concurrent minutes totaled 70 over the 7-day look-back period <math>(35 \times 2 = 70)</math>; and group minutes totaled 75 over the 7-day look-back period <math>(25 \times 3 = 75)</math>. Therapy was provided 5 out of the 7 days of the look-back period. Date speech-language pathology services began was 10-06-20+19, and dashes were used as the therapy end date value because the therapy was ongoing.</li> </ul>
3	O0400	O-28	<ul style="list-style-type: none"> <li>Balance/coordination activities; Tuesday-Friday for 20 minutes each day in group sessions.  <b>Coding:</b>  O0400B1 would be coded 113, O0400B2 would be coded 0, O0400B3 would be coded 80, O0400B3A would be coded 60, O0400B4 would be coded 5, O0400B5 would be coded 100920+19, and O0400B6 would be coded with dashes.</li> </ul>
3	O0400	O-29	<b>Rationale:</b> Individual minutes (including 60 co-treatment minutes) totaled 113 over the 7-day look-back period $[(30 \times 2) + 23 + 18 + 12 = 113]$ ; concurrent minutes totaled 0 over the 7-day look-back period $(0 \times 0 = 0)$ ; and group minutes totaled 80 over the 7-day look-back period $(20 \times 4 = 80)$ . Therapy was provided 5 out of the 7 days of the look-back period. Date occupational therapy services began was 10-09-20+19 and dashes were used as the therapy end date value because the therapy was ongoing.

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0400	O-29	<ul style="list-style-type: none"> <li>Concurrent therapeutic exercises; Monday-Friday for 20 minutes each day.</li> </ul> <p><b>Coding:</b> O0400C1 would be <b>coded 287</b>, O0400C2 would be <b>coded 100</b>, O0400C3 would be <b>coded 0</b>, O0400C3A would be <b>coded 60</b>, O0400C4 would be <b>coded 5</b>, O0400C5 would be <b>coded 100720419</b>, and O0400C6 would be <b>coded with dashes</b>.</p> <p><b>Rationale:</b> Individual minutes (including 60 co-treatment minutes) totaled 287 over the 7-day look-back period <math>[(30 \times 2) + (35 \times 5) + (22 - 5) + 7 + (27 - 6) + 7 = 287]</math>; concurrent minutes totaled 100 over the 7-day look-back period <math>(20 \times 5 = 100)</math>; and group minutes totaled 0 over the 7-day look-back period <math>(0 \times 0 = 0)</math>. Therapy was provided 5 out of the 7 days of the look-back period. Date physical therapy services began was 10-07-20419, and dashes were used as the therapy end date value because the therapy was ongoing.</p>



**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

3	00400	O-31	<p>Replaced screenshot. <b>OLD</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>00400. Therapies</b></p> <div style="display: flex;"> <div style="flex: 1; border-right: 1px solid black; padding-right: 5px;"> <p>Enter Number of Minutes <input type="text" value="1"/><input type="text" value="9"/><input type="text" value="0"/></p> <p>Enter Number of Minutes <input type="text" value="7"/><input type="text" value="0"/></p> <p>Enter Number of Minutes <input type="text" value="7"/><input type="text" value="5"/></p> <p>Enter Number of Minutes <input type="text" value="6"/><input type="text" value="5"/></p> <p>Enter Number of Days <input type="text" value="5"/></p> </div> <div style="flex: 2; padding-left: 5px;"> <p><b>A. Speech-Language Pathology and Audiology Services</b></p> <p>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</p> <p>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</p> <p>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</p> <p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0400A5, Therapy start date</p> <p>3A. <b>Co-treatment minutes</b> - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days</p> <p>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</p> <p>5. <b>Therapy start date</b> - record the date the most recent therapy regimen (since the most recent entry) started</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>Month</span><span>Day</span><span>Year</span> </div> <p>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</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>Month</span><span>Day</span><span>Year</span> </div> <p><b>B. Occupational Therapy</b></p> <p>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</p> <p>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</p> <p>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</p> <p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0400B5, Therapy start date</p> <p>3A. <b>Co-treatment minutes</b> - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days</p> <p>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</p> <p>5. <b>Therapy start date</b> - record the date the most recent therapy regimen (since the most recent entry) started</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>Month</span><span>Day</span><span>Year</span> </div> <p>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</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>Month</span><span>Day</span><span>Year</span> </div> </div> </div> <p style="text-align: center; font-weight: bold;">00400 continued on next page</p> </div> <p><b>NEW</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>00400. Therapies</b></p> <div style="display: flex;"> <div style="flex: 1; border-right: 1px solid black; padding-right: 5px;"> <p>Enter Number of Minutes <input type="text" value="1"/><input type="text" value="9"/><input type="text" value="0"/></p> <p>Enter Number of Minutes <input type="text" value="7"/><input type="text" value="0"/></p> <p>Enter Number of Minutes <input type="text" value="7"/><input type="text" value="5"/></p> <p>Enter Number of Minutes <input type="text" value="6"/><input type="text" value="5"/></p> <p>Enter Number of Days <input type="text" value="5"/></p> </div> <div style="flex: 2; padding-left: 5px;"> <p><b>A. Speech-Language Pathology and Audiology Services</b></p> <p>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</p> <p>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</p> <p>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</p> <p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0400A5, Therapy start date</p> <p>3A. <b>Co-treatment minutes</b> - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days</p> <p>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</p> <p>5. <b>Therapy start date</b> - record the date the most recent therapy regimen (since the most recent entry) started</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>Month</span><span>Day</span><span>Year</span> </div> <p>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</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>Month</span><span>Day</span><span>Year</span> </div> <p><b>B. Occupational Therapy</b></p> <p>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</p> <p>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</p> <p>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</p> <p>If the sum of individual, concurrent, and group minutes is zero, → skip to O0400B5, Therapy start date</p> <p>3A. <b>Co-treatment minutes</b> - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days</p> <p>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</p> <p>5. <b>Therapy start date</b> - record the date the most recent therapy regimen (since the most recent entry) started</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">9</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>Month</span><span>Day</span><span>Year</span> </div> <p>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</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> <div style="border: 1px solid black; padding: 2px 5px; margin-right: 5px;">-</div> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>Month</span><span>Day</span><span>Year</span> </div> </div> </div> <p style="text-align: center; font-weight: bold;">00400 continued on next page</p> </div>
---	-------	------	--

**Track Changes**  
**from Chapter 3 Section O v1.16**  
**to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0400	O-32	<p>Replaced screenshot.</p> <p>OLD</p> <p>NEW</p>

**Track Changes**  
**from Chapter 3 Section O v1.16**  
**to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0425	O-34	<div>O0425: Part A Therapies</div> <div><div><div><div><div>O0425. Part A Therapies</div><div>Complete only if A0310H = 1</div></div><div><div><div><div>Enter Number of Minutes</div><div><div><div></div><div></div><div></div><div></div></div></div></div><div><div><div>Enter Number of Minutes</div><div><div><div></div><div></div><div></div><div></div></div></div></div><div><div><div>Enter Number of Minutes</div><div><div><div></div><div></div><div></div><div></div></div></div></div><div><div><div>Enter Number of Minutes</div><div><div><div></div><div></div><div></div><div></div></div></div></div><div><div><div>Enter Number of Days</div><div><div><div></div><div></div><div></div></div></div></div></div><div><div><div>Enter Number of Minutes</div><div><div><div></div><div></div><div></div><div></div></div></div></div><div><div><div>Enter Number of Minutes</div><div><div><div></div><div></div><div></div><div></div></div></div></div><div><div><div>Enter Number of Minutes</div><div><div><div></div><div></div><div></div><div></div></div></div></div><div><div><div>Enter Number of Days</div><div><div><div></div><div></div><div></div></div></div></div></div><div><div><div>Enter Number of Minutes</div><div><div><div></div><div></div><div></div><div></div></div></div></div><div><div><div>Enter Number of Minutes</div><div><div><div></div><div></div><div></div><div></div></div></div></div><div><div><div>Enter Number of Days</div><div><div><div></div><div></div><div></div></div></div></div></div></div></div><div><div><div><div><div>A. Speech-Language Pathology and Audiology Services</div><div><div><div>1. Individual minutes - record the total number of minutes this therapy was administered to the resident <b>individually</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</div><div>2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</div><div>3. Group minutes - record the total number of minutes this therapy was administered to the resident as <b>part of a group of residents</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</div></div><div><div>If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy</div><div><div><div>4. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in <b>co-treatment sessions</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</div><div>5. Days - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day since the start date of the resident's most recent Medicare Part A stay (A2400B)</div></div></div></div></div><div><div><div><div><div>B. Occupational Therapy</div><div><div><div>1. Individual minutes - record the total number of minutes this therapy was administered to the resident <b>individually</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</div><div>2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</div><div>3. Group minutes - record the total number of minutes this therapy was administered to the resident as <b>part of a group of residents</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</div></div><div><div>If the sum of individual, concurrent, and group minutes is zero, → skip to O0425C, Physical Therapy</div><div><div><div>4. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in <b>co-treatment sessions</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</div><div>5. Days - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day since the start date of the resident's most recent Medicare Part A stay (A2400B)</div></div></div></div></div><div><div><div><div><div>C. Physical Therapy</div><div><div><div>1. Individual minutes - record the total number of minutes this therapy was administered to the resident <b>individually</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</div><div>2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</div><div>3. Group minutes - record the total number of minutes this therapy was administered to the resident as <b>part of a group of residents</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</div></div><div><div>If the sum of individual, concurrent, and group minutes is zero, → skip to O0430, Distinct Calendar Days of Part A Therapy</div><div><div><div>4. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in <b>co-treatment sessions</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)</div><div>5. Days - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes</b> a day since the start date of the resident's most recent Medicare Part A stay (A2400B)</div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div></div>
3	O0425	O-34	<div>Item Rationale</div> <div><div>Health-related Quality of Life</div><div><div><div>• Maintaining as much independence as possible in activities of daily living, mobility, and communication is critically important to most people. Functional decline can lead to depression, withdrawal, social isolation, breathing problems, and complications of immobility, such as incontinence and pressure ulcers/injuries, which contribute to diminished quality of life. The qualified therapist, in conjunction with the physician and nursing administration, is responsible for determining the necessity for, and the frequency and duration of, the therapy services provided to residents.</div></div></div></div>

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0425	O-35	<p><b>O0425: Part A Therapies (cont.)</b></p> <ul style="list-style-type: none"> <li>Rehabilitation (i.e., via Speech-Language Pathology Services and Occupational and Physical Therapies) and respiratory, psychological, and recreational therapy can help residents to attain or maintain their highest level of well-being and improve their quality of life.</li> </ul>
3	O0425	O-35	<p><b>Planning for Care</b></p> <ul style="list-style-type: none"> <li>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.</li> <li><b>For definitions of the types of therapies listed in this section, please refer to the Glossary in Appendix A.</b></li> </ul>
3	O0425	O-35	<p><b>Steps for Assessment</b></p> <ol style="list-style-type: none"> <li>Complete only if A0310H (Is this a SNF Part A PPS Discharge Assessment?) = 1, Yes.</li> <li>Review the resident's medical record (e.g., rehabilitation therapy evaluation and treatment records, recreation therapy notes, mental health professional progress notes), and consult with each of the qualified care providers to collect the information required for this item.</li> </ol>

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0425	O-35	<p>NOTE: The look back 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.</p> <p>Providers should follow the steps outlined below for calculating compliance with the concurrent/group therapy limit:</p> <ul style="list-style-type: none"> <li>• Step 1: Total Therapy Minutes, by discipline (O0425X1 + O0425X2 + O0425X3)</li> <li>• Step 2: Total Concurrent and Group Therapy Minutes, by discipline (O0425X2+O0425X3)</li> <li>• Step 3: Concurrent/Group Ratio (Step 2 result/Step 1 result)</li> <li>• Step 4: If Step 3 result is greater than 0.25, then the provider is non-compliant.</li> </ul>
3	O0425	O-35	<p><b>Coding Instructions for Speech-Language Pathology and Audiology Services and Occupational and Physical Therapies</b></p> <ul style="list-style-type: none"> <li>• <b>Individual minutes</b>—Enter the total number of minutes of therapy that were provided on an individual basis during the entire Part A stay (i.e., from the date in A2400B through the date in A2400C). <b>Enter 0</b> if none were provided. Individual services are provided by one therapist or assistant to one resident at a time. (For detailed definitions and examples of individual therapy, refer to O0400 above.)</li> </ul>

**Track Changes**  
**from Chapter 3 Section O v1.16**  
**to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0425	O-36	<p><b>O0425: Part A Therapies (cont.)</b></p> <ul style="list-style-type: none"> <li>• <b>Concurrent minutes</b>—Enter the total number of minutes of therapy that were provided on a concurrent basis during the entire Part A stay (i.e., from the date in A2400B through the date in A2400C). <b>Enter 0</b> if none were provided. Concurrent therapy is defined as the treatment of 2 residents at the same time, when the residents are not performing the same or similar activities, regardless of payer source, both of whom must be in line-of-sight of the treating therapist or assistant for Medicare Part A. When a Part A resident receives therapy that meets this definition, it is defined as concurrent therapy for the Part A resident <u>regardless of the payer source for the second resident</u>. (For detailed definitions and examples of concurrent therapy, refer to item O0400 above.)</li> <li>• <b>Group minutes</b>—Enter the total number of minutes of therapy that were provided in a group during the entire Part A stay (i.e., from the date in A2400B through the date in A2400C). <b>Enter 0</b> if none were provided. Group therapy is defined for Part A as the treatment of two to six residents, regardless of payer source, who are performing the same or similar activities, and are supervised by a therapist or an assistant who is not supervising any other individuals. (For detailed definitions and examples of group therapy, refer to item O0400 above.)</li> <li>• <b>Co-treatment minutes</b>—Enter the total number of minutes each discipline of therapy was administered to the resident in co-treatment sessions during the entire Part A stay (i.e., from the date in A2400B through the date in A2400C). Skip the item if none were provided. (For detailed definitions and examples of co-treatment, refer to item O0400 above.)</li> </ul>

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0425	O-36	<ul style="list-style-type: none"> <li>• <b>Speech-Language Pathology Days</b>—Enter the number of days speech-language pathology therapy services were provided over the entire Part A stay (i.e., from the date in A2400B through the date in A2400C). A day of therapy is defined as <u>skilled</u> treatment for 15 minutes or more during the day. Use total minutes of therapy provided (individual plus concurrent plus group), without any adjustment, to determine if the day is counted. For example, if the resident received 20 minutes of concurrent therapy, the day requirement is considered met. <b>Enter 0</b> if therapy was provided but for less than 15 minutes every day during the stay. If the total number of minutes (individual plus concurrent plus group) during the stay is 0, skip this item and leave blank.</li> <li>• <b>Occupational Therapy Days</b>—Enter the number of days occupational therapy services were provided over the entire Part A stay (i.e., from the date in A2400B through the date in A2400C). A day of therapy is defined as <u>skilled</u> treatment for 15 minutes or more during the day. Use total minutes of therapy provided (individual plus concurrent plus group), without any adjustment, to determine if the day is counted. For example, if the resident received 20 minutes of concurrent therapy, the day requirement is considered met. <b>Enter 0</b> if therapy was provided but for less than 15 minutes every day during the stay. If the total number of minutes (individual plus concurrent plus group) during the stay is 0, skip this item and leave blank.</li> </ul>

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0425	O-37	<p><b>O0425: Part A Therapies (cont.)</b></p> <ul style="list-style-type: none"> <li>• <b>Physical Therapy Days</b>—Enter the number of days physical therapy services were provided over the entire Part A stay (i.e., from the date in A2400B through the date in A2400C). A day of therapy is defined as <u>skilled</u> treatment for 15 minutes or more during the day. Use total minutes of therapy provided (individual plus concurrent plus group), without any adjustment, to determine if the day is counted. For example, if the resident received 20 minutes of concurrent therapy, the day requirement is considered met. <b>Enter 0</b> if therapy was provided but for less than 15 minutes every day during the stay. If the total number of minutes (individual plus concurrent plus group) during the stay is 0, skip this item and leave blank.</li> </ul>
3	O0425	O-37	<p><b>Coding Tips and Special Populations</b></p> <ul style="list-style-type: none"> <li>• For detailed descriptions of how to code minutes of therapy and explanation of skilled versus nonskilled therapy services, co-treatment, therapy aides and students, please refer to these topic headings in the discussion of item O0400 above.</li> </ul>
3	O0425	O-37	<p><b>Modes of Therapy</b></p> <p>A resident may receive therapy via different modes during the same day or even treatment session. These modes are individual, concurrent and group therapy. When developing the plan of care, the therapist and assistant must determine which mode(s) of therapy and the amount of time the resident receives for each mode and code the MDS appropriately. The therapist and assistant should document the reason a specific mode of therapy was chosen as well as anticipated goals for that mode of therapy. For any therapy that does not meet one of the therapy mode definitions below, those minutes may not be counted on the MDS. The therapy mode definitions must always be followed and apply regardless of when the therapy is provided in relationship to all assessment windows (i.e., applies whether or not the resident is in a look-back period for an MDS assessment).</p>



**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0425	O-37	<p><b><u>Individual Therapy</u></b></p> <p>For a detailed definition and example of individual therapy, please refer to the discussion of item O0400 above.</p> <p><b><u>Concurrent Therapy</u></b></p> <p>For a detailed definition and example of concurrent therapy, please refer to the discussion of item O0400 above.</p>
3	O0425	O-38	<p><b><u>O0425: Part A Therapies (cont.)</u></b></p> <p><b><u>Group Therapy</u></b></p> <p>For a detailed definition and example of group therapy, please refer to the discussion of item O0400 above.</p> <p><b><u>Therapy Modalities</u></b></p> <p>For a detailed definition and explanation of therapy modalities, please refer to the discussion of item O0400 above.</p>
3	O0425	O-38	<p><b><u>General Coding Example:</u></b></p> <p>Following a bilateral knee replacement, Mrs. G. was admitted to the skilled nursing facility in stable condition for rehabilitation therapy on Sunday 10/06/19 under Part A skilled nursing facility coverage. While in the hospital, she exhibited some short-term memory difficulties specifically affecting orientation. She was non-weight bearing, had reduced range of motion, and had difficulty with ADLs. She was referred to SLP, OT, and PT with the long-term goal of returning home with her husband. Her initial SLP evaluation was performed on 10/06/19, and the OT and PT initial evaluations were done on 10/07/19. She was also referred to recreational therapy. She was in the SNF for 14 days and was discharged home on 10/19/2019. Mrs. G received the following rehabilitation services during her stay in the SNF.</p>

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0425	O-38	<p>Speech-language pathology services that were provided over the SNF stay:</p> <ul style="list-style-type: none"> <li>Individual cognitive training; six sessions for 45 minutes each day.</li> <li>Discharged from SLP services on 10/14/2019.</li> </ul> <p><b>Coding:</b> O0425A1 would be <b>coded 270</b>; O0425A2 would be <b>coded 0</b>; O0425A3 would be <b>coded 0</b>; O0425A4 would be <b>coded 0</b>; O0425A5 would be <b>coded 6</b>.</p> <p><b>Rationale:</b> Individual minutes totaled 270 over the stay (45 minutes <math>\times</math> 6 days); concurrent minutes totaled 0 over the stay (<math>0 \times 0 = 0</math>); and group minutes totaled 0 over the stay (<math>0 \times 0 = 0</math>). Therapy was provided 6 days of the stay.</p>
3	O0425	O-38	<p>Occupational therapy services that were provided over the SNF stay:</p> <ul style="list-style-type: none"> <li>Individual ADL activities daily for 30 minutes each starting 10/08/19.</li> <li>Co-treatment: seating and transferring with PT; three sessions for the following times: 23 minutes, 18 minutes, and 12 minutes.</li> <li>Balance/coordination activities: 10 sessions for 20 minutes each session in a group.</li> </ul>
3	O0425	O-39	<p><b>O0425: Part A Therapies (cont.)</b></p> <ul style="list-style-type: none"> <li>Discharged from OT services on 10/19/19.</li> </ul> <p><b>Coding:</b> O0425B1 would be <b>coded 413</b>, O0425B2 would be <b>coded 0</b>, O0425B3 would be <b>coded 200</b>, O0425B4 would be <b>coded 53</b>, O0425B5 would be <b>coded 12</b>.</p> <p><b>Rationale:</b> Individual minutes (including 53 co-treatment minutes) totaled 413 over the stay <math>[(30 \times 12) + 53 = 413]</math>; concurrent minutes totaled 0 over the stay (<math>0 \times 0 = 0</math>); and group minutes totaled 200 over the stay (<math>20 \times 10 = 200</math>). Therapy was provided 12 days of the stay.</p>

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0425	O-39	<p>Physical therapy services that were provided over the stay:</p> <ul style="list-style-type: none"><li>Individual mobility training daily for 45 minutes per session starting 10/07/19.</li><li>Group mobility training for 30 minutes Tuesdays, Wednesdays, and Fridays.</li><li>Co-treatment seating and transferring for three sessions with OT for 7 minutes, 22 minutes, and 18 minutes.</li><li>Concurrent therapeutic exercises Monday-Friday for 20 minutes each day.</li><li>Discharged from PT services on 10/19/19.</li></ul> <p><b>Coding:</b> O0425C1 would be <b>coded 632</b>, O0425C2 would be <b>coded 200</b>, O0425C3 would be <b>coded 180</b>, O0425C4 would be <b>coded 47</b>, O0425C5 would be <b>coded 13</b>.</p> <p><b>Rationale:</b> Individual minutes (including 47 co-treatment minutes) totaled 632 over stay <math>[(45 \times 13) + (7 + 22 + 18) = 632]</math>; concurrent minutes totaled 200 over the stay <math>(20 \times 10 = 200)</math>; and group minutes totaled 180 over the stay <math>(30 \times 6 = 180)</math>. Therapy was provided 13 days of the stay.</p>
3	O0430	O-40	<p><b>O0430: Distinct Calendar Days of Part A Therapy</b></p> <div><div><p><b>O0430. Distinct Calendar Days of Part A Therapy</b> Complete only if A0310H = 1</p><div><div>Enter Number of Days</div><div><div></div><div></div><div></div></div></div><div><p>Record the number of <b>calendar days</b> that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes since the start date of the resident's most recent Medicare Part A stay (A2400B)</p></div></div><p><b>Item Rationale</b></p><p>To record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes during the Part A SNF stay.</p></div>

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0430	O-40	<p><b>Coding Instructions:</b></p> <p>Enter the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes during the SNF Part A stay (i.e., from the date in A2400B through the date in A2400C). If a resident receives more than one therapy discipline on a given calendar day, this may only count for one calendar day for purposes of coding item O0430. Consider the following example:</p> <p>Example: Mrs. T was admitted to the SNF on Sunday 10/06/18 and discharged on Saturday 10/26/18. She received 60 minutes of physical therapy every Monday, Wednesday, and Friday during the SNF stay. Mrs. T also received 45 minutes of occupational therapy every Monday, Tuesday, and Friday during the stay. Given the therapy services received by Mrs. T during the stay, item <b>O0430 would be coded as 12</b> because therapy services were provided for at least 15 minutes on 12 distinct calendar days during the stay (i.e., every Monday, Tuesday, Wednesday, and Friday).</p>
3	O0450	O-41	<p>Replaced screenshot.</p> <p><b>OLD</b></p> <p><b>O0450. Resumption of Therapy</b> - Complete only if A0310C = 2 or 3 and A0310F = 99</p> <p>Enter Code <input type="checkbox"/></p> <p>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?</p> <p>0. No → Skip to O0500, Restorative Nursing Programs</p> <p>1. Yes</p> <p>B. Date on which therapy regimen resumed:</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p> <p><b>NEW</b></p> <p><b>O0450. Resumption of Therapy</b></p> <p>Enter Code <input type="checkbox"/></p> <p>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?</p> <p>0. No</p> <p>1. Yes</p>
3	O0450	O-41	<p><b>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.</b></p>

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0450	O-41	<p><b>Coding Instructions:</b></p> <p>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, <b>skip to O0500</b>, Restorative Nursing Programs. If Yes, <b>code item O0450A as 1</b>. <del>Determine when therapy will resume and code item O0450B with the date that therapy will resume.</del> For example:</p>
3	O0450	O-41	<ul style="list-style-type: none"> <li>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 <b>O0450 A was coded as 1</b> because therapy was resuming within 5 days from the last day of therapy and it was resuming at the same RUG-IV classification level. <del>Item O0450B was coded as 11132011 because therapy resumed on November 13, 2011.</del></li> </ul>
3	O0450	O-41	<p>NOTE: If the EOT OMRA has not been accepted in the <b>Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP)</b> system when therapy resumes, code the EOT-R items (O0450A and O0450B) on the assessment and submit the record. If the EOT OMRA without the EOT-R items have 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 items (O0450A and O0450B) and check X0900EZ <del>to</del> <b>and</b> indicate that the reason for modification is the addition of the Resumption of Therapy <del>date</del> <b>item</b>.</p>

**Track Changes  
from Chapter 3 Section O v1.16  
to Chapter 3 Section O v1.17.1**

Chapter	Section	Page	Change
3	O0500	O-42	<p><b>Health-related Quality of Life</b></p> <ul style="list-style-type: none"> <li>• Maintaining independence in activities of daily living and mobility is critically important to most people.</li> <li>• Functional decline can lead to depression, withdrawal, social isolation, and complications of immobility, such as incontinence and pressure ulcers/injuries.</li> </ul>
3	O0500	O-43	<ul style="list-style-type: none"> <li>• A registered nurse or a licensed practical (vocational) nurse must supervise the activities in a restorative nursing program. Sometimes, under licensed nurse supervision, other staff and volunteers will be assigned to work with specific residents. Restorative nursing does not require a physician's order. Nursing homes may elect to have licensed rehabilitation professionals perform repetitive exercises and other maintenance treatments or to supervise aides performing these maintenance services. In situations where such services do not actually require the involvement of a qualified therapist, the services may not be coded as therapy in item O0400, Therapies or O0425, Part A Therapies, because the specific interventions are considered restorative nursing services (see item O0400, Therapies and O0425, Part A Therapies). The therapist's time actually providing the maintenance service can be included when counting restorative nursing minutes. Although therapists may participate, members of the nursing staff are still responsible for overall coordination and supervision of restorative nursing programs.</li> </ul>
3	O0500	O-44	<p><b>Coding Instructions</b></p> <ul style="list-style-type: none"> <li>• This item does not include procedures or techniques carried out by or under the direction of qualified therapists, as identified in <b>Speech-Language Pathology and Audiology Services</b> item O0400A or O0425A, <b>Occupational Therapy</b> item O0400B or O0425B, and <b>Physical Therapy</b> item O0400C or O0425C.</li> </ul>