



# IRF and LTCH Virtual Training Program – Part 1

## Section O. Special Treatments, Procedures, and Programs

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# Objectives

- Describe the new and revised data elements in Section O.
- Discuss the data sources that clinicians can use to code these items.
- Describe the intent, coding instructions, and definitions for the Section O items.



# Section O: Implications

- **O0110. Special Treatments, Procedures, and Programs**
  - *New for the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI).*



# Section O: Implications (cont.)



- **O0110. Special Treatments, Procedures, and Programs:** Most elements are *new for LTCH*.
- **O0110 N. Total Parental Nutrition** has been removed.
  - Additional updates:
    - **O0150. Spontaneous Breathing Trial (SBT) by Day 2 of LTCH Stay** has an additional response option for **O0150A2. Ventilator Weaning Status** in addition to clarification of Day 2 definition and a skip pattern change.
    - **O0200. Ventilator Liberation Rate** has a clarification of Day 2 definition and minor wording changes.
    - **O0250. Influenza Vaccine** item has been removed.



**00110**

# Special Treatments, Procedures, and Programs

# O0110: Intent and Rationale

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

**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.





# O0110. Special Treatments, Procedures, and Programs – IRF-PAI Version 4.0



## 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 ↓
<b>Cancer Treatments</b>	
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"/>
<b>Respiratory Therapies</b>	
C1. Oxygen Therapy	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>



## Respiratory Therapies (continued)

D1. Suctioning

D2. Scheduled

D3. As Needed

E1. Tracheostomy care

F1. Invasive Mechanical Ventilator (ventilator or respirator)

G1. Non-Invasive Mechanical Ventilator

G2. BiPAP

G3. CPAP

Other

H1. IV Medications

H2. Vasoactive medications

H3. Antibiotics

H4. Anticoagulation

H10. Other

I1. Transfusions

J1. Dialysis

J2. Hemodialysis

J3. Peritoneal dialysis

O1. IV Access

O2. Peripheral

O3. Midline

O4. Central (e.g., PICC, tunneled, port)

None of the Above

Z1. None of the above

# O0110. Special Treatments, Procedures, and Programs – LCDS Version 4.0

<b>O0100. Special Treatments, Procedures, and Programs</b>	
Check all the treatments at admission. For dialysis, check if it is part of the patient's treatment plan.	
↓ Check all that apply	
<b>Respiratory Treatments</b>	
<input type="checkbox"/>	G. Non-invasive Ventilator (BiPAP, CPAP)
<b>Other Treatments</b>	
<input type="checkbox"/>	H. IV Medications (if checked, please specify below)
<input type="checkbox"/>	H2a. Vasoactive medications (i.e., continuous infusions of vasopressors or inotropes)
<input type="checkbox"/>	J. Dialysis
<input type="checkbox"/>	N. Total Parenteral Nutrition
<b>None of the Above</b>	
<input type="checkbox"/>	Z. None of the above





# O0110. Special Treatments, Procedures, and Programs – LCDS Version 5.0



## O0110. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that apply on admission

F1 is only collected  
at Discharge

	a. On Admission Check all that apply ↓
<b>Cancer Treatments</b>	
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"/>
<b>Respiratory Therapies</b>	
C1. Oxygen Therapy	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>

**ADMISSION  
AND  
DISCHARGE**

D1. Suctioning

D2. Scheduled

D3. As Needed

E1. Tracheostomy care

F1. Invasive Mechanical Ventilator (ventilator or respirator)

G1. Non-Invasive Mechanical Ventilator

G2. BiPAP

G3. CPAP

Other

H1. IV Medications

H2. Vasoactive medications

H3. Antibiotics

H4. Anticoagulation

H10. Other

I1. Transfusions

J1. Dialysis

J2. Hemodialysis

J3. Peritoneal dialysis

O1. IV Access

O2. Peripheral

O3. Midline

O4. Central (e.g., PICC, tunneled, port)

None of the Above

Z1. None of the above

# O0110: Data Sources

## Medical Record

- Review the paper and/or electronic health record (EHR), from where the patient received care for treatments, programs, procedures, and medications.

## Clinical Communication Notes

- Including pharmacy, nursing, physician (or physician-designee), and other applicable clinical notes.

## Most Recent Documents

- History and physical.
- Discharge summary.
- Instructions and transfer documents.

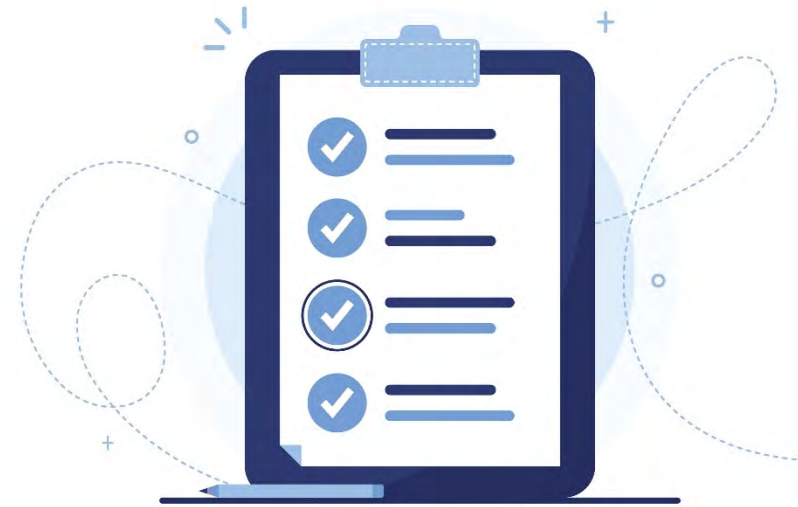
## Discussions

- Including with the acute care hospital, other staff and clinicians, and patients, family or caregivers.

# 00110: Steps for Assessment

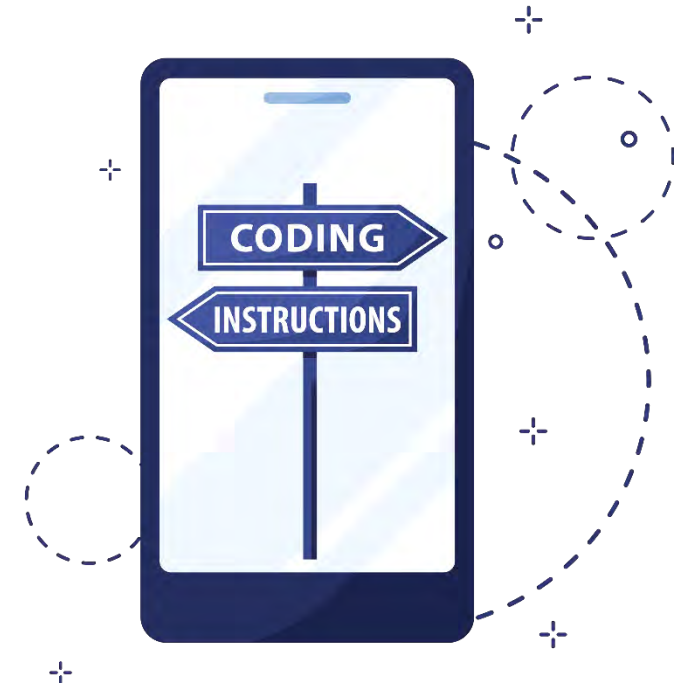
For both admission and at discharge:

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.
2. Check each type of treatment, procedure, or program that applies.



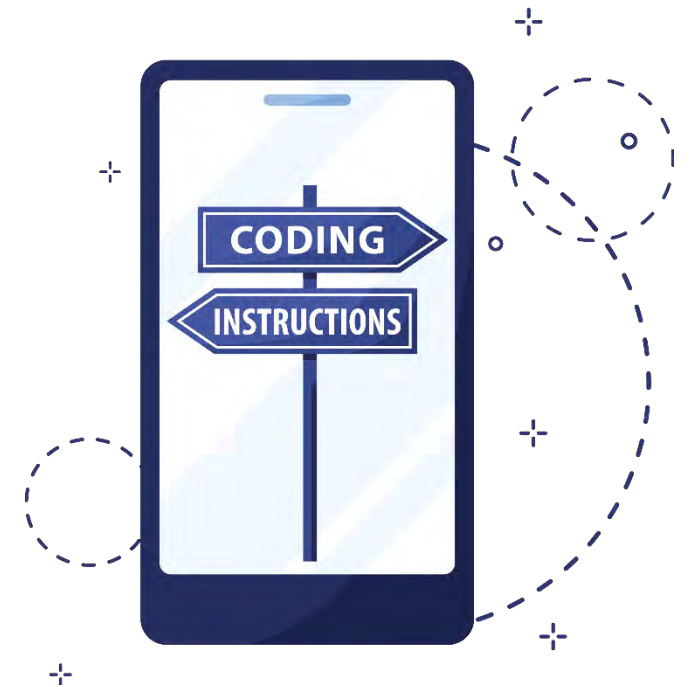
# 00110: Coding Instructions

- At admission, complete only if A0250 = 01 Admission.
- Upon discharge, complete only if A0250 = 10 *Planned Discharge* or A0250 = 11 *Unplanned Discharge*.



# O0110: Coding Instructions (cont.)

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



# 00110: General 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.





# O0110A1. Chemotherapy – Coding Tips



## CODING TIPS

- 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.

**Example:** If megestrol acetate (classified as an antineoplastic medication) is being given only for appetite stimulation, do not code it as chemotherapy in this item. The patient is not receiving the medication for chemotherapy purposes in this situation.

# O0110A1. Chemotherapy – Coding Tips (cont. 1)

- **O0110A2. IV**
  - Check if chemotherapy was administered intravenously.
- **O0100A3. Oral**
  - Check if chemotherapy was administered orally (e.g., pills, capsules, or liquids the patient swallows).
  - Also applies if the chemotherapy is administered through a feeding tube/percutaneous endoscopic gastrostomy (PEG) (i.e., enterally).



# O0110A1. Chemotherapy – Coding Tips (cont. 2)

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



# O0110B1. Radiation – Coding Tips

## CODING TIPS

- Code intermittent radiation therapy, as well as radiation administered via radiation implant in this item.





# O0110C1. Oxygen Therapy – Coding Tips



- Code:
  - Continuous or intermittent oxygen administered via mask, cannula, etc., delivered to a patient to relieve hypoxia in this item.
  - Oxygen used in Bi-level Positive Airway Pressure/Continuous Positive Airway Pressure (BiPAP/CPAP) here.
  - If the patient places or removes their own oxygen mask or cannula.
- Do **not** code hyperbaric oxygen for wound therapy in this item.

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

- **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.





# 00110C1. Oxygen Therapy – Coding Tips (cont. 2)

- **00110C4. High-concentration**

- A high-concentration oxygen delivery system is one that delivers oxygen at a concentration that exceeds a Fraction of inspired Oxygen ( $FiO_2$ ) of 40% (i.e., exceeding that of simple low-flow nasal cannula at a flow-rate of 4 liters per minute).
- Can include either high- or low-flow systems (e.g., simple face masks).
- Devices may also include invasive mechanical ventilators, non-invasive mechanical ventilators, and tracheostomy masks if the delivered  $FiO_2$  of these systems exceeds 40%.



# 00110D1. Suctioning – Coding Tips



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

# O0110D1. Suctioning – Coding Tips (cont.)

- **O0110D2. 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.

- **O0110D3. 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: Coding Tips



- 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.

# O0110F1. Invasive Mechanical Ventilator – Coding Tips



## 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.
- Do **not** check this item when the ventilator is used only as a substitute for BiPAP or CPAP.

# O0110G1. Non-Invasive Mechanical Ventilator – Coding Tips



- 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.
- If a ventilator is being used as a substitute for BiPAP or CPAP, code here (and do not check O0110G2 or O0110G3).
- This item may be checked if the patient places or removes their own BiPAP or CPAP mask or device or if the staff applies it for the patient.



# O0110H1. IV Medications – Coding Tips



## CODING TIPS

- Code:
  - Any medication or biological given by IV push, epidural pump, or drip through a central or peripheral port in this item.
  - Epidural, intrathecal, and baclofen pumps as they are similar to IV medications, involve the continuous administration of a substance, and must be monitored frequently.
- Do **not** include:
  - Flushes to keep an IV access port patent or IV fluids without medication.
  - Subcutaneous pumps, IV medications administered during dialysis or chemotherapy, or IV Dextrose 50 percent and/or Lactated Ringers.



# O0110H1. IV Medications – Coding Tips (cont. 1)

- **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 – Coding Tips

## CODING TIPS

- 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 – Coding Tips



## CODING TIPS

- Code peritoneal or renal dialysis which occurs at the LTCH, 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.

# O0110J1. Dialysis – Coding Tips (cont.)

- **O0110J2. Hemodialysis**
  - Check when the dialysis was hemodialysis.
- **O0110J3. Peritoneal dialysis**
  - Check when the dialysis was peritoneal dialysis.



# 0011001. IV Access – Coding Tips



## CODING TIPS

- Code IV access, which refers to a catheter inserted into a vein, for a variety of clinical reasons.
  - **0011002. Peripheral**
    - Check when IV access was peripheral access and remains peripheral.
  - **0011003. Midline**
    - Check when IV access was midline access.
  - **0011004. Central (e.g., PICC, tunneled, port)**
    - Check when IV access was centrally located.





# Summary



- Described the new and revised data elements in Section O.
- Outlined the data sources that clinicians can use to code these items.
- Described the intent of Section O, coding instructions, and tips for completing this item.

# Submitting Questions

- If you have questions about this presentation, please submit them to [PACTraining@Econometricalnc.com](mailto:PACTraining@Econometricalnc.com) by June 3, 2022.
- Select questions will be answered in a Q&A session during the June 2022 virtual live event.

