



IRF and LTCH Virtual Training Program – Part 2

Case Study Workshop

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Case Study Scenario

- Mr. P. is a 68-year-old African American/Filipino male admitted to an acute care hospital on April 10, 2022, after a fall.
- His acute care admission diagnoses included:
 - Fall without injury.
 - Embolic cerebral infarction.
 - Dysphagia.
 - Right-sided weakness.
- Mr. P. was transferred to a post-acute care (PAC) facility on April 15, 2022, for anticoagulation, nutritional and pain management, and continued physical, speech, and occupational therapy.



Subset of Admission Assessment Items Coded



- **A1005.** Ethnicity.
- **A1010.** Race.
- **A1110.** Language.
- **A1250.** Transportation.
- **B0200.** Hearing.
- **B1000.** Vision.
- **B1300.** Health Literacy.
- **J0510.** Pain Effect on Sleep.
- **J0520.** Pain Interference with Therapy Activities.
- **J0530.** Pain Interference with Day-to-Day Activities.
- **K0520.** Nutritional Approaches.
- **N0415.** High-Risk Drug Classes: Use and Indication.
- **O0110.** Special Treatments, Procedures, and Programs.

Subset of Discharge Assessment Items Coded



- **A1250.** Transportation.
- **A2121.** Provision of Current Reconciled Medication List to Subsequent Provider at Discharge.
- **A2122.** Route of Current Reconciled Medication List Transmission to Subsequent Provider.
- **B1300.** Health Literacy.
- **J0510.** Pain Effect on Sleep.
- **J0520.** Pain Interference with Therapy Activities.
- **J0530.** Pain Interference with Day-to-Day Activities.
- **K0520.** Nutritional Approaches.
- **N0415.** High-Risk Drug Classes: Use and Indication.
- **O0110.** Special Treatments, Procedures, and Programs.

Case Study – Mr. P.

Admission Assessment Coding

How did you code A1005. Ethnicity?

A1005. Ethnicity	
Are you of Hispanic, Latino/a, or Spanish origin?	
↓ Check all that apply	
<input type="checkbox"/>	A. No, not of Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	B. Yes, Mexican, Mexican American, Chicano/a
<input type="checkbox"/>	C. Yes, Puerto Rican
<input type="checkbox"/>	D. Yes, Cuban
<input type="checkbox"/>	E. Yes, another Hispanic, Latino, or Spanish origin
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond

A1005. Ethnicity – Coding and Rationale



- **Coding:** The item checked should be:
 - A. No, not of Hispanic, Latino/a, or Spanish origin.
- **Rationale:** Mr. P. identified that his ethnicity was not Hispanic, Latino, or Spanish.

How did you code A1010. Race?

A1010. Race	
What is your race?	
↓ Check all that apply	
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Patient unable to respond
<input type="checkbox"/>	Y. Patient declines to respond
<input type="checkbox"/>	Z. None of the above

A1010. Race – Coding and Rationale



- **Coding:** The items checked should be:
 - B. Black or African American.
 - F. Filipino.
- **Rationale:** Mr. P. reported that he identifies as both African American and Filipino.



How did you Code A1110. Language?

A1110. Language											
Enter Code <input type="text"/>	A. What is your preferred language? <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
B. Do you need or want an interpreter to communicate with a doctor or health care staff? 0. No 1. Yes 9. Unable to determine											



How did you code A1250. Transportation?

A1250. Transportation (from NACHC®)

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?



Check all that apply

☐

A. Yes, it has kept me from medical appointments or from getting my medications

☐

B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need

☐

C. No

☐

X. Patient unable to respond

☐

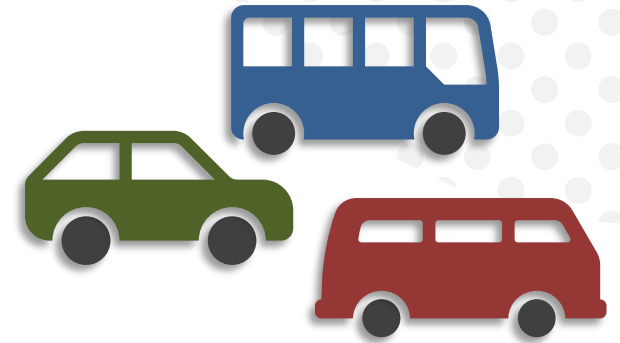
Y. Patient declines to respond

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A1250. Transportation – Coding and Rationale



- **Coding:** The items checked should be:
 - A. Yes, it has kept me from medical appointments or from getting my medications.
 - B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need.
- **Rationale:** Mr. P. reported that he has had trouble getting to his doctors' appointments and to the senior center for programs.



How did you code B0200. Hearing?

B0200. Hearing	
Enter Code <input type="text"/>	<p>Ability to hear (with hearing aid or hearing appliances if normally used)</p> <ol style="list-style-type: none">0. Adequate - no difficulty in normal conversation, social interaction, listening to TV1. Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or setting is noisy)2. Moderate difficulty - speaker has to increase volume and speak distinctly3. Highly impaired - absence of useful hearing

B0200. Hearing – Coding and Rationale



- **Coding:** 0. Adequate – no difficulty in normal conversation, social interaction, listening to TV.
- **Rationale:** Mr. P. uses a hearing aid and can hear normal conversations and engage in social interactions.



How did you code B1000. Vision?

B1000. Vision

Enter Code

Ability to see in adequate light (with glasses or other visual appliances)

0. **Adequate** - sees fine detail, such as regular print in newspapers/books
1. **Impaired** - sees large print, but not regular print in newspapers/books
2. **Moderately impaired** - limited vision; not able to see newspaper headlines but can identify objects
3. **Highly impaired** - object identification in question, but eyes appear to follow objects
4. **Severely impaired** - no vision or sees only light, colors or shapes; eyes do not appear to follow objects

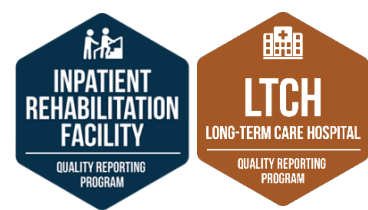
B1000. Vision – Coding and Rationale



- **Coding:** 1. Impaired – sees large print, but not regular print in newspapers/books.
- **Rationale:** Mr. P. states that he needs eyeglasses to read but he left them at home. He reports that without his eyeglasses, he can read large print, but not regular print. The nurse verifies his visual ability by having him read a newspaper aloud. Later when the nurse hands him the menu, he asks her to read it because he is unable to see the regular print.

How did you code B1300. Health Literacy?

B1300. Health Literacy (from Creative Commons©)	
How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?	
Enter Code <div></div>	<div><div>0. Never</div><div>1. Rarely</div><div>2. Sometimes</div><div>3. Often</div><div>4. Always</div><div>7. Patient declines to respond</div><div>8. Patient unable to respond</div></div>
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B1300. Health Literacy – Coding and Rationale



- **Coding:** 2. Sometimes.
- **Rationale:** Mr. P. stated that it is sometimes helpful to have someone explain the written instructions that the doctor has provided.



How did you code J0510. Pain Effect on Sleep?

J0510. Pain Effect on Sleep

Enter Code

Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"

- 0. **Does not apply** – I have not had any pain or hurting in the past 5 days → *Skip to setting-specific item*
- 1. **Rarely or not at all**
- 2. **Occasionally**
- 3. **Frequently**
- 4. **Almost constantly**
- 8. **Unable to answer**

J0510. Pain Effect on Sleep – Coding and Rationale



- **Coding:** 3. Frequently.
- **Rationale:** Mr. P. reported that since the stroke, he has been experiencing muscle spasms in his right leg. Although the spasms have improved since his acute care hospital stay, he reports that they frequently wake him up at night.



How did you code J0520. Pain Interference with Therapy Activities?

J0520. Pain Interference with Therapy Activities	
Enter Code <input type="text"/>	<p>Ask patient: <i>“Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?”</i></p> <ul style="list-style-type: none">0. Does not apply – I have not received rehabilitation therapy in the past 5 days1. Rarely or not at all2. Occasionally3. Frequently4. Almost constantly8. Unable to answer



J0520. Pain Interference with Therapy Activities – Coding and Rationale



- **Coding:** 1. Rarely or not at all.
- **Rationale:** Mr. P. reported that using the pain management plan established in the hospital, his pain during physical therapy is well managed and allows him to participate in the physical therapy exercises. He rarely experiences pain during his physical therapy exercise sessions that limits his participation.



How did you code J0530. Pain Interference with Day-to-Day Activities?

J0530. Pain Interference with Day-to-Day Activities

Enter Code

Ask patient: "Over the past 5 days, **how often** have you limited your day-to-day activities (excluding rehabilitation therapy sessions) **because of pain?**"

1. Rarely or not at all
2. Occasionally
3. Frequently
4. Almost constantly
8. Unable to answer

J0530. Pain Interference with Day-to-Day Activities – Coding and Rationale



- **Coding:** 2. Occasionally.
- **Rationale:** Mr. P. reported that he frequently experiences back pain and stiffness in the morning, describing this pain as “dull and achy.” He typically takes acetaminophen daily to control this pain, allowing him to perform his activities of daily living (ADLs). He stated that this pain only occasionally limits his activity with day-to-day activities.



Eating



Bathing



Dressing



Transferring



Toileting



Walking or
Moving Around

How did you code K0520. Nutritional Approaches?

K0520. Nutritional Approaches

Check all of the following nutritional approaches that apply on admission.

	1. On Admission
	Check all that apply ↓
A. Parenteral/IV feeding	<input type="checkbox"/>
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>

K0520. Nutritional Approaches – Coding and Rationale



- **Coding for K05201. On Admission:**
 - A. Parenteral/IV feeding.
 - C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids).
 - D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol).
- **Rationale:** On admission, Mr. P. was ordered a heart-healthy, mechanical soft diet with nectar-thick liquids and supplemental peripheral IV hydration due to reduced oral intake and associated nutritional risk related to dysphagia.

How did you code N0415. High-Risk Drug Classes: Use and Indication?

N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes	1. Is taking	2. Indication noted
2. Indication noted If column 1 is checked, check if there is an indication noted for all medications in the drug class	Check all that apply ↓	Check all that apply ↓
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	

N0415. High-Risk Drug Classes: Use and Indication – Coding and Rationale



- **Coding for N04151. Is taking:**
 - E. Anticoagulant.
 - H. Opioid.
- **Coding for N04152. Indication noted:**
 - E. Anticoagulant.
 - H. Opioid.
- **Rationale:** Upon admission to the PAC facility, Mr. P. was placed on warfarin sodium, which is classified as an anticoagulant, and tramadol, which is classified as an opioid. Per the medication list, both drugs had indications identified.



How did you code O0110. Special Treatments, Procedures, and Programs?

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	
Respiratory Therapies	
C1. Oxygen Therapy	
C2. Continuous	
C3. Intermittent	
C4. High-concentration	
D1. Suctioning	
D2. Scheduled	
D3. As Needed	
E1. Tracheostomy care	
F1. Invasive Mechanical Ventilator (ventilator or respirator)	
G1. Non-Invasive Mechanical Ventilator	
G2. BiPAP	
G3. CPAP	
Other	
H1. IV Medications	<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"/>

00110. Special Treatments, Procedures, and Programs – Coding and Rationale



- **Coding:**
 - C1. Oxygen Therapy.
 - C2. Continuous.
 - G1. Non-Invasive Mechanical Ventilator.
 - G3. CPAP.
 - O1. IV Access.
 - O2. Peripheral.
- **Rationale:** Upon admission to the PAC facility, Mr. P. is using oxygen continuously at 2 liters per minute to maintain his oxygen saturation at greater than 92 percent. Mr. P. also uses a CPAP machine (with oxygen) at night and when napping for treatment of obstructive sleep apnea. He has a peripheral IV access site for hydration as well.



Case Study – Mr. P.

Discharge Assessment Coding

How did you code A1250. Transportation?

A1250. Transportation (from NACHC©)

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?



Check all that apply

☐

A. Yes, it has kept me from medical appointments or from getting my medications

☐

B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need

☐

C. No

☐

X. Patient unable to respond

☐

Y. Patient declines to respond

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A1250. Transportation – Coding and Rationale



- **Coding:**
 - A. Yes, it has kept me from medical appointments or from getting my medications.
 - B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need.
- **Rationale:** Mr. P. reported that his daughter is coming to stay with him after discharge and will assist him with transportation to doctors' appointments and the senior center. However, he has had trouble getting to his doctors' appointments and to the senior center for programs prior to her arrival.

How did you code A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge?

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge	
At the time of discharge to another provider, did your facility provide the patient's current reconciled medication list to the subsequent provider?	
Enter Code <input type="text"/>	<p>0. No – Current reconciled medication list not provided to the subsequent provider → <i>Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge</i></p> <p>1. Yes – Current reconciled medication list provided to the subsequent provider</p>



A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge – Coding and Rationale



- **Coding:** 1. Yes – Current reconciled medication list provided to subsequent provider.
- **Rationale:** The home health agency was provided a copy of Mr. P.'s reconciled medication list upon discharge.



How did you code A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider?

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider

Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.

Route of Transmission	Check all that apply ↓
A. Electronic Health Record	<input type="checkbox"/>
B. Health Information Exchange	<input type="checkbox"/>
C. Verbal (e.g., in-person, telephone, video conferencing)	<input type="checkbox"/>
D. Paper-based (e.g., fax, copies, printouts)	<input type="checkbox"/>
E. Other Methods (e.g., texting, email, CDs)	<input type="checkbox"/>

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider – Coding and Rationale



- **Coding:** D. Paper-based (e.g., fax, copies, printouts).
- **Rationale:** The home health agency was provided the reconciled medication list via electronic fax. Electronic fax is considered a paper-based route.



How did you code B1300. Health Literacy?

B1300. Health Literacy (from Creative Commons©)

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

Enter Code	
<input type="text"/>	
	0. Never
	1. Rarely
	2. Sometimes
	3. Often
	4. Always
	7. Patient declines to respond
	8. Patient unable to respond

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B1300. Health Literacy – Coding and Rationale



- **Coding:** 2. Sometimes.
- **Rationale:** Mr. P. reported that he sometimes had difficulty understanding the discharge instructions that were provided to him over the past few days. He described requiring some additional help to understand this material.



How did you code J0510. Pain Effect on Sleep?

J0510. Pain Effect on Sleep

Enter Code

*Ask patient: "Over the past 5 days, **how much of the time has pain made it hard for you to sleep at night?**"*

- 0. **Does not apply – I have not had any pain or hurting in the past 5 days** → *Skip to J1800, Any Falls Since Admission*
- 1. **Rarely or not at all**
- 2. **Occasionally**
- 3. **Frequently**
- 4. **Almost constantly**
- 8. **Unable to answer**

J0510. Pain Effect on Sleep – Coding and Rationale



- **Coding:** 2. Occasionally.
- **Rationale:** Mr. P. reported experiencing back pain that affects his sleep occasionally.



How did you code J0520. Pain Interference with Therapy Activities?

J0520. Pain Interference with Therapy Activities

Enter Code

Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"

- 0. **Does not apply – I have not received rehabilitation therapy in the past 5 days**
- 1. **Rarely or not at all**
- 2. **Occasionally**
- 3. **Frequently**
- 4. **Almost constantly**
- 8. **Unable to answer**



J0520. Pain Interference with Therapy Activities – Coding and Rationale



- **Coding:** 1. Rarely or not at all.
- **Rationale:** Mr. P. reported experiencing no pain that interferes with his participation in physical therapy sessions.



How did you code J0530. Pain Interference with Day-to-Day Activities?

J0530. Pain Interference with Day-to-Day Activities	
Enter Code <input type="text"/>	<p>Ask patient: “Over the past 5 days, how often have you limited your day-to-day activities (<u>excluding</u> rehabilitation therapy sessions) because of pain?”</p> <ol style="list-style-type: none">1. Rarely or not at all2. Occasionally3. Frequently4. Almost constantly8. Unable to answer

J0530. Pain Interference with Day-to-Day Activities – Coding and Rationale



- **Coding:** 1. Rarely or not at all.
- **Rationale:** Mr. P. reported that pain associated with his day-to-day activities is now effectively managed with only acetaminophen and no longer interferes with his participation.

How did you code K0520. Nutritional Approaches?

K0520. Nutritional Approaches		
4. Last 7 Days Check all of the nutritional approaches that were received in the last 7 days	4. Last 7 Days	5. At Discharge
5. At Discharge Check all of the nutritional approaches that were being received at discharge	Check all that apply ↓	↓
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

K0520. Nutritional Approaches – Coding and Rationale



- **Discharge Assessment for K05204.
Last 7 Days:**
 - D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol).
- **Discharge Assessment for K05205.
At Discharge:**
 - D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol).
- **Rationale:** Nine days prior to discharge, Mr. P. was advanced to a regular-consistency, heart-healthy diet, with no further need for thickened liquids. He continued that diet for the remainder of his PAC stay through discharge.



How did you code N0415. High-Risk Drug Classes: Use and Indication?

N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes 2. Indication noted If column 1 is checked, check if there is an indication noted for all medications in the drug class	1. Is taking	2. Indication noted
	Check all that apply ↓	↓
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	

N0415. High-Risk Drug Classes: Use and Indication – Coding and Rationale



- **Coding for N04151. Is taking:**
 - E. Anticoagulant.
- **Coding for N04152. Indication noted:**
 - E. Anticoagulant.
- **Rationale:** At discharge, Mr. P. was ordered to take warfarin sodium, which is classified as an anticoagulant. The tramadol was discontinued and would not be considered when coding this item.

How did you code O0110. Special Treatments, Procedures, and Programs?

O0110. 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	
A2. IV	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>
A10. Other	
B1. Radiation	
Respiratory Therapies	
C1. Oxygen Therapy	
C2. Continuous	
C3. Intermittent	
C4. High-concentration	
D1. Suctioning	
D2. Scheduled	
D3. As Needed	
E1. Tracheostomy care	
F1. Invasive Mechanical Ventilator (ventilator or respirator)	
G1. Non-Invasive Mechanical Ventilator	
G2. BiPAP	
G3. CPAP	
Other	
H1. IV Medications	<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"/>

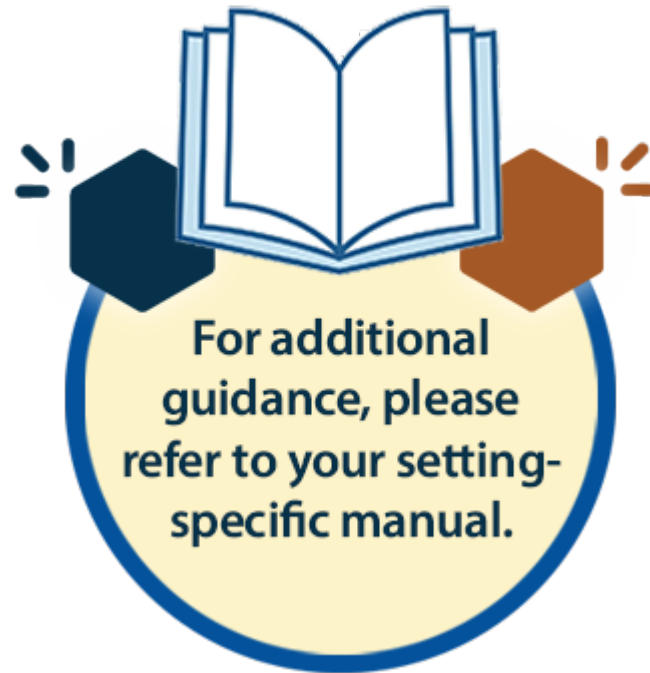
00110. Special Treatments, Procedures, and Programs – Coding and Rationale



- **Coding:**
 - G1. Non-Invasive Mechanical Ventilator.
 - G3. CPAP.
- **Rationale:** At discharge, Mr. P. will continue to use CPAP therapy on room air at night and while napping for treatment of obstructive sleep apnea. His peripheral IV site was discontinued on April 18, 2022, and the continuous oxygen was discontinued on April 23, 2022.



Summary



- This activity provided an opportunity to apply concepts related to items that are **new** for the IRF and LTCH settings using an integrated case study.
- Providers are encouraged to review the presentations from the IRF and LTCH Virtual Training Program – Part 1, for further assistance in coding the Case Study items.