

Track Changes
from Chapter 3 Section O v1.20.1
to Chapter 3 Section O v1.20.11

Chapter	Section	Page(s) in version 1.20.11	Change
3	O0110	O-8	• O0110M1, Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) Code only when the resident requires transmission-based precautions and single room isolation (alone in a separate room) because of an active infection (i.e., symptomatic and/or have a positive test and are in the contagious stage) with a highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission. Do not code this item if the resident only has a history of infectious disease (e.g., s/p MRSA or s/p C-Diff - no active symptoms). Do not code this item if the precautions are standard precautions, because these types of precautions apply to everyone. Standard precautions include hand hygiene compliance, glove use, and additionally may include masks, eye protection, and gowns. Examples of when the isolation criterion would <u>not</u> apply include urinary tract infections, encapsulated pneumonia, and wound infections. Code for “single room isolation” only when all of the following conditions are met: 1. The resident has an active infection with a highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission. 2. Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect. 3. The resident is in a room alone <u>because of active infection</u> and <u>cannot</u> have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation. 4. The resident must remain in their room. This requires that all services be brought to the resident (e.g. rehabilitation, activities, dining, etc.).

Track Changes
from Chapter 3 Section O v1.20.1
to Chapter 3 Section O v1.20.11

Chapter	Section	Page(s) in version 1.20.11	Change
3	O0390	O-23	Respiratory therapy—only minutes that the respiratory therapist or respiratory nurse spends with the resident shall count towards the 15 minutes per day on one or more days when coding the MDS. This time includes resident evaluation/assessment, treatment administration and monitoring, and setup and removal of treatment equipment. Time that a resident self-administers or receives a nebulizer treatment or maintenance level/prophylactic incentive spirometry without clinically indicated or medically necessary supervision of the respiratory therapist or respiratory nurse is not included in the minutes recorded on the MDS. Do not include administration of metered-dose and/or dry powder inhalers in respiratory minutes.

Track Changes
from Chapter 3 Section O v1.20.1
to Chapter 3 Section O v1.20.11

Chapter	Section	Page(s) in version 1.20.11	Change
3	O0390	O-25	Non-Skilled Services - Services provided at the request of the resident or family that are not medically necessary (sometimes referred to as family-funded services) shall not be counted in items O0390, Therapy Services; O0400, Therapies; or O0425, Part A Therapies, even when performed by a therapist or an assistant. - As noted above, therapy services can include the actual performance of a maintenance program in those instances where the skills of a qualified therapist are needed to accomplish this safely and effectively. However, when the performance of a maintenance program does not require the skills of a therapist because it could be accomplished safely and effectively by the patient or with the assistance of non-therapists (including unskilled caregivers), such services are not considered therapy services in this context. Sometimes a nursing home may nevertheless elect to have licensed professionals perform repetitive exercises and other maintenance treatments or to supervise aides performing these maintenance services even when the involvement of a qualified therapist is not medically necessary. In these situations, the services shall not be coded as therapy in items O0390, Therapy Services; O0400, Therapies; or O0425, Part A Therapies, since the specific interventions would be considered restorative nursing care when performed by nurses or aides. Services provided by therapists, licensed or not, that are not specifically listed in this manual or on the MDS item set shall not be coded as therapy in items O0390, Therapy Services; O0400, Therapies; or O0425, Part A Therapies. These services should be documented in the resident's medical record.

Track Changes
from Chapter 3 Section O v1.20.1
to Chapter 3 Section O v1.20.11

Chapter	Section	Page(s) in version 1.20.11	Change
3	O0390	O-32	<u>Therapy Modalities</u> Only skilled therapy time (i.e., time that requires the skills, knowledge, and judgment of a qualified therapist and all the requirements for skilled therapy are met) shall be recorded on the MDS. In some instances, the time a resident receives certain modalities is partly skilled and partly unskilled time; only the time that is skilled may be recorded on the MDS. For example, a resident is receiving TENS (transcutaneous electrical nerve stimulation) for pain management. The portion of the treatment that is skilled, such as proper electrode placement, establishing proper pulse frequency and duration, and determining appropriate stimulation mode, shall be recorded on the MDS. In other instances, some modalities only meet the requirements of skilled therapy in certain situations. For example, the application of a hot pack or maintenance level/prophylactic incentive spirometry is often not a skilled intervention. However, when the resident's condition is complicated and/or the skills, knowledge, and judgment of the therapist are required for treatment, then those minutes associated with skilled therapy time may be recorded on the MDS. The use and rationale for all therapy modalities, whether skilled or unskilled, should always be documented as part of the individual resident's-specific plan of care.

Track Changes
from Chapter 3 Section O v1.20.1
to Chapter 3 Section O v1.20.11

Chapter	Section	Page(s) in version 1.20.11	Change
3	O0390	O-33	3. During the observation period, Resident S received 10 minutes of skilled respiratory therapy on day one, 7 minutes of skilled respiratory therapy on day four and 13 minutes of skilled respiratory therapy on day five of the observation period. Coding: O0390D would not be checked. Rationale: Resident S did not receive at least 15 minutes of skilled respiratory therapy on a single day during the observation period. 4. During the observation period, Resident P, who has stable COPD and no symptoms of respiratory distress, had an order for daily incentive spirometry to prevent respiratory decline. Nursing staff assisted Resident P to use the incentive spirometer and documented that Resident P completed the incentive spirometry for 15 minutes on each day of the observation period. Coding: O0390D would not be checked. Rationale: While nursing staff assisted the resident with their routine incentive spirometry use, given the resident's stable condition and absence of respiratory distress, the maintenance level/prophylactic treatment did not require the skills, knowledge, and judgment of a respiratory therapist or respiratory nurse and therefore did not meet the criteria for skilled respiratory therapy.

**Track Changes
from Chapter 3 Section O v1.20.1
to Chapter 3 Section O v1.20.11**

Chapter	Section	Page(s) in version 1.20.11	Change
3	O0400	O-34	Steps for Assessment 1. Complete only if O0390D, Respiratory Therapy, is checked. 2. 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. 3. Apply the therapy coding guidance from O0390, Therapy Services, for coding O0400D, Respiratory Therapy. Coding Instructions • Days—Enter the number of days skilled respiratory therapy services were provided in the last 7 days. A day of therapy is defined as skilled treatment for 15 minutes or more in during the day. Enter 0 if therapy was provided but for less than 15 minutes every day for the last 7 days. If the total number of minutes during the last 7 days is 0, skip this item and leave blank.

Track Changes
from Chapter 3 Section O v1.20.1
to Chapter 3 Section O v1.20.11

Chapter	Section	Page(s) in version 1.20.11	Change
3	O0400	O-34	Example 1. Following a stroke and aspiration pneumonia, Resident F was admitted to the skilled nursing facility in stable condition for rehabilitation therapy on 10/06/1926 under Medicare Part A skilled nursing facility coverage. Their diagnoses included asthma, and They were referred to respiratory therapy. During the 7-day look-back period, the resident received skilled respiratory therapy services Sunday–Wednesday for 10 minutes each day and Thursday–Saturday for 15 minutes each day. Respiratory therapy services that were provided over the 7-day look-back period: Respiratory therapy services; Sunday–Thursday for 10 minutes each day. Coding: O0400D2 would be coded 03. Rationale: Total minutes were 50 over the 7-day look-back period ($10 \times 5 = 50$). Although a total of 50 minutes of respiratory therapy services were provided over the 7-day look-back period, there were not any days that respiratory therapy was provided for 15 minutes or more. The resident only received skilled respiratory therapy services for 15 minutes on 3 days. Therefore, O0400D equals zero3 days.
3	O0425	O-36	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.
3	O0425	O-37	Steps for Assessment 1. Complete only if A0310H (Is this a SNF Part A PPS Discharge Assessment?) = 1, Yes. 2. 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.

**Track Changes
from Chapter 3 Section O v1.20.1
to Chapter 3 Section O v1.20.11**

Chapter	Section	Page(s) in version 1.20.11	Change
3	O0425	O-40	<u>General Coding Example:</u> Following a bilateral knee replacement, Resident 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, they exhibited some short-term memory difficulties specifically affecting orientation. They were non-weight bearing, had reduced range of motion, and had difficulty with ADLs. They were referred to SLP, OT, and PT with the long-term goal of returning home with their spouse. Their initial SLP evaluation was performed on 10/06/19, and the OT and PT initial evaluations were done on 10/07/19. They were also referred to recreational therapy. They were in the SNF for 14 days and were discharged home on 10/19/2019. Resident G received the following rehabilitation services during their stay in the SNF.