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3	00100	O-2	<ul style="list-style-type: none"> • O0100A, Chemotherapy <p>Code any type of chemotherapy agent administered as an antineoplastic given by any route in this item. Each drug should be evaluated to determine its reason for use before coding it here. The drugs coded here are those actually used for cancer treatment. For example, megestrol acetate is classified in the Physician's Desk Reference (PDR) as an antineoplastic drug. One of its side effects is appetite stimulation and weight gain. If megestrol acetate is being given only for appetite stimulation, do not code it as chemotherapy in this item, as the resident is not receiving the medication for chemotherapy purposes in this situation. IV's, IV medication, and blood transfusions administered during chemotherapy are not recorded under items K0510A (Parenteral/IV), O0100H (IV Medications), or O0100I (Transfusions).</p>
3	00100	O-3	<ul style="list-style-type: none"> • O0100F, Ventilator or respirator <p>Code any type of electrically or pneumatically powered closed-system mechanical ventilator support devices that ensure adequate ventilation in the resident who is, or who may become, unable to support his or her own respiration in this item. Residents receiving closed-system ventilation includes those residents receiving ventilation via an endotracheal tube (e.g., nasally or orally intubated) as well as those residents with a tracheostomy. A resident who is being weaned off of a respirator or ventilator in the last 14 days should also be coded here. Do not code this item when the ventilator or respirator is used only as a substitute for BiPAP or CPAP.</p>
3	00100	O-3	<ul style="list-style-type: none"> • The National Drug Code Directory, http://www.fda.gov/cder/ndc/database/Default.htm http://www.fda.gov/drugs/informationondrugs/ucm142438.htm
3	00100	O-4	<ul style="list-style-type: none"> • O0100I, Transfusions <p>Code transfusions of blood or any blood products (e.g., platelets, synthetic blood products), which that are administered directly into the bloodstream in this item. Do not include transfusions that were administered during dialysis or chemotherapy.</p> <ul style="list-style-type: none"> • O0100J, Dialysis <p>Code peritoneal or renal dialysis which that occurs at the nursing home or at another facility, in this item. 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</p>

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			dialysis are considered part of the dialysis procedure and are not to be coded under items K0510A (Parenteral/IV), O0100H (IV medications), or O0100I (transfusions). This item may be coded if the resident performs his/her own dialysis.
3	O0250	O-5	<p>Replaced screen shot.</p> <p>OLD</p> <div style="border: 1px solid black; padding: 5px;"> <p>O0250. Influenza Vaccine - Refer to current version of RAI manual for current flu season and reporting period</p> <p>Enter Code <input type="checkbox"/></p> <p>A. Did the resident receive the Influenza vaccine in this facility for this year's Influenza season?</p> <p>0. No → Skip to O0250C, If Influenza vaccine not received, state reason</p> <p>1. Yes → Continue to O0250B, Date vaccine received</p> <p>B. Date vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?</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"/> Month Day Year </p> <p>Enter Code <input type="checkbox"/></p> <p>C. If Influenza vaccine not received, state reason:</p> <p>1. Resident not in facility during this year's flu season</p> <p>2. Received outside of this facility</p> <p>3. Not eligible - medical contraindication</p> <p>4. Offered and declined</p> <p>5. Not offered</p> <p>6. Inability to obtain vaccine due to a declared shortage</p> <p>9. None of the above</p> </div> <p>NEW</p> <div style="border: 1px solid black; padding: 5px;"> <p>O0250. Influenza Vaccine - Refer to current version of RAI manual for current influenza vaccination season and reporting period</p> <p>Enter Code <input type="checkbox"/></p> <p>A. Did the resident receive the influenza vaccine in this facility for this year's influenza vaccination season?</p> <p>0. No → Skip to O0250C, If influenza vaccine not received, state reason</p> <p>1. Yes → Continue to O0250B, Date influenza vaccine received</p> <p>B. Date influenza vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?</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"/> Month Day Year </p> <p>Enter Code <input type="checkbox"/></p> <p>C. If influenza vaccine not received, state reason:</p> <p>1. Resident not in this facility during this year's influenza vaccination season</p> <p>2. Received outside of this facility</p> <p>3. Not eligible - medical contraindication</p> <p>4. Offered and declined</p> <p>5. Not offered</p> <p>6. Inability to obtain influenza vaccine due to a declared shortage</p> <p>9. None of the above</p> </div>
3	O0250	O-6 through O-9	<p>Planning for Care</p> <ul style="list-style-type: none"> Influenza vaccines have been proven effective in preventing hospitalizations. A vaccine, like any other medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so individuals cannot get influenza from the vaccine. <ul style="list-style-type: none"> Mild problems: soreness, redness or swelling where the shot was given; hoarseness; sore, red or itchy eyes; cough; fever; aches; headache; itching; and/or fatigue. If these problems occur, they usually begin soon after the shot and last 1-2 days. Severe problems: <ul style="list-style-type: none"> Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few

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			<p>minutes to a few hours after the shot.</p> <ul style="list-style-type: none"> ◦ In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, influenza vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current influenza vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination. • People who are moderately or severely ill should usually wait until they recover before getting the influenza vaccine. People with mild illness can usually get the vaccine. • Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine. <p>O0250: Influenza Vaccine (cont.)</p> <ul style="list-style-type: none"> • The safety of vaccines is always being monitored. For more information, visit: Vaccine Safety Monitoring and Vaccine Safety Activities of the CDC: http://www.cdc.gov/vaccinesafety/vaccine_monitoring/ • Determining the rate of vaccination and causes for non-vaccination assists nursing homes in reaching the Healthy People 2020 (http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23) national goal of increasing to 90 percent, the percentage of adults aged 18 years or older in long-term care nursing homes who are vaccinated annually against seasonal influenza residents. <p>Steps for Assessment</p> <ol style="list-style-type: none"> 1. Review the resident's medical record to determine whether an influenza vaccine was received in the facility for this year's influenza vaccination season. If vaccination status is unknown, proceed to the next step. 2. Ask the resident if he or she received an influenza vaccine outside of the facility for this year's influenza vaccination season. If vaccination status is still unknown, proceed to the next step. 3. If the resident is unable to answer, then ask the same question of the responsible party/legal guardian and/or primary care

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			<p>physician. If influenza vaccination status is still unknown, proceed to the next step.</p> <p>4. If influenza vaccination status cannot be determined, administer the influenza vaccine to the resident according to standards of clinical practice.</p> <p>Coding Instructions for O0250A, Did the Resident Receive the Influenza Vaccine in This Facility for This Year's Influenza Vaccination Season?</p> <ul style="list-style-type: none"> • Code 0, no: if the resident did NOT receive the influenza vaccine in this facility during this year's influenza vaccination season. Proceed to If influenza vaccine not received, state reason (O0250C). • Code 1, yes: if the resident did receive the influenza vaccine in this facility during this year's influenza season. Continue to Date influenza vaccine Received (O0250B). <p>Coding Instructions for O0250B, Date influenza Vaccine Received</p> <ul style="list-style-type: none"> • Enter the date that the influenza vaccine was received. Do not leave any boxes blank. <ul style="list-style-type: none"> — If the month contains only a single digit, fill in the first box of the month with a "0". For example, January 17, 20124 should be entered as 01-017-20124. — If the day only contains a single digit, then fill the first box of the day with the "0". For example, May October 6, 20123 should be entered as 0510-06-20123. A full 8 character date is required. — A full 8 character date is required. If the date is unknown or the information is not available, only a single dash needs to be entered in the first box. <p>O0250: Influenza Vaccine (cont.)</p> <p>Coding Instructions for O0250C, If Influenza Vaccine Not Received, State Reason</p> <p><i>If the resident has not received the influenza vaccine for this</i></p>

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			<p><i>year's influenza vaccination season (i.e., 00250A=0), code the reason from the following list:</i></p> <ul style="list-style-type: none"> • Code 1, Resident not in this facility during this year's influenza vaccination season: resident was not in the facility during this year's influenza vaccination season. • Code 2, Received outside of this facility: includes influenza vaccinations administered in any other setting (e.g., physician office, health fair, grocery store, hospital, fire station) during this year's influenza vaccination season. • Code 3, Not eligible—medical contraindication: if influenza vaccine not received due to medical contraindications. Contraindications include, but are not limited to including: allergic reaction to eggs or other vaccine component(s) (e.g., thimerosal preservative), previous adverse reaction to influenza vaccine, a physician order not to immunize, moderate to severe or an acute febrile illness with or without fever, and/or history of Guillain-Barré Syndrome within 6 weeks of previous influenza vaccination is present. However, the resident should be vaccinated if contraindications end. • Code 4, Offered and declined: resident or responsible party/legal guardian has been informed of the risks and benefits of receiving the influenza vaccine what is being offered and chooses not to accept the influenza vaccination. • Code 5, Not offered: resident or responsible party/legal guardian not offered the influenza vaccine. • Code 6, Inability to obtain influenza vaccine due to a declared shortage: influenza vaccine is unavailable at the facility due to a declared influenza vaccine shortage. However, the resident should be vaccinated once the facility receives the vaccine. The annual supply of inactivated influenza vaccine and the timing of its distribution cannot be guaranteed in any year. • Code 9, None of the above: if none of the listed reasons describe why the influenza vaccine was not administered. This code is also used if the answer is

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			<p>unknown.</p> <p>Coding Tips and Special Populations</p> <ul style="list-style-type: none"> Once the influenza vaccination has been administered to a resident for the current influenza season, this value is carried forward until the new influenza season begins. The influenza season varies annually. Influenza can occur at any time, but most influenza occurs from October through May. However, residents should be immunized as soon as the vaccine becomes available and continue until influenza is no longer circulating in your geographic area. Information about the current influenza season can be obtained by accessing the CDC Seasonal Influenza (Flu) website. This website provides information on influenza activity and has an interactive map that shows geographic spread of influenza: http://www.cdc.gov/flu/weekly/fluactivitysurv.htm, http://www.cdc.gov/flu/weekly/usmap.htm Facilities can also contact their local health department website for their local influenza surveillance information.The influenza season ends when influenza is no longer active in your geographic area. <p>O0250: Influenza Vaccine (cont.)</p> <ul style="list-style-type: none"> The annual supply of inactivated influenza vaccine and the timing of its distribution cannot be guaranteed in any year. Therefore, in the event that a declared influenza vaccine shortage occurs in your geographical area, residents should still be vaccinated once the facility receives the influenza vaccine. A “high dose” inactivated influenza vaccine is available for people 65 years of age and older. Consult with the resident’s primary care physician (or nurse practitioner) to determine if this high dose is appropriate for the resident. Once the influenza vaccination has been administered to a resident for the current influenza season, this value is carried forward until the new influenza season begins. <p>Examples</p> <p>1. Mrs. J. received the influenza vaccine in the facility during this</p>

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			<p>year's influenza vaccination season, on January 7, 20104.</p> <p>Coding: O0250A would be coded 1, yes; O0250B would be coded 01-07-20104, and O0250C would be skipped.</p> <p>Rationale: Mrs. J. received the vaccine in the facility on January 7, 20104, during this year's influenza vaccination season.</p> <p>2. Mr. R. did not receive the influenza vaccine in the facility during this year's influenza vaccination season due to his known allergy to egg protein.</p> <p>3. Resident Mrs. T. received the influenza vaccine at her doctor's office during this year's influenza vaccination season. Her doctor provided documentation of Mrs. T.'s receipt of the vaccine to the facility to place in Mrs. T.'s medical record. He also provided documentation that Mrs. T. was explained the benefits and risks for of the influenza vaccine prior to administration.</p> <p>Coding: O0250A would be coded 0, no; and O0250C would be coded 2, received outside of this facility.</p> <p>Rationale: Mrs. T. received the influenza vaccine at her doctor's office during this year's influenza vaccination season.</p> <p>4. Mr. K. wanted to receive the influenza vaccine if it arrived prior to his scheduled discharge on October 5th. Mr. K. was discharged prior to the facility receiving their annual shipment of influenza vaccine, and therefore, Mr. K. did not receive the influenza vaccine in the facility.</p>
3	-	O-10	Page number change.
3	O0300	O-11	[Centers for Disease Control and Prevention. (2009 2012 , May). <i>The Pink Book: Chapters: Epidemiology and Prevention of Vaccine Preventable Diseases (142th ed.)</i> . Retrieved from http://www.cdc.gov/vaccines/pubs/pinkbook/index.html#chapters]
3	-	O-12 through O-17	Page number change.
3	O0400	O-18	Co-treatment minutes —Enter the total number of minutes each discipline of therapy was administered to the resident in co-treatment sessions in the last 7 days. Skip the item Enter 0 if none were provided.
3	-	O-19	Page number change.
3	O0400	O-20	When therapy is provided, staff need to document the different modes of therapy and set up minutes that are being included on the

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			MDS. It is important to keep records of time included for each. When submitting a part B claim, minutes reported on the MDS may not match the time reported on a claim. For example, therapy aide set-up time is recorded on the MDS when it precedes skilled therapy; however, the therapy aide set-up time is not included for billing purposes on a therapy Part B claim.
3	-	O-21 through O-23	Page number change.
3	O0400	O-24	A speech therapy graduate student treats Mr. A for 30 minutes. Mr. A.'s therapy is covered under the Medicare Part A benefit. The supervising speech-language pathologist is not treating any patients at this time but is not in the room with the student or Mr. A. Mr. A.'s therapy may be coded as 30 minutes of individual therapy on the MDS. MDS.
3	-	O-25 & O-26	Page number change.
3	O0400	O-27	Mr. A. and Mr. B., whose stays are covered by Medicare Part A, begin working with a physical therapist on two different therapy interventions. After 30 minutes, Mr. A. and Mr. B are joined by Mr. T. and Mr. E., whose stays are also covered by Medicare Part A., and the therapist begins working with all of them on the same therapy goals- as part of a group session. After 15 minutes in this group session, Mr. A. becomes ill and is forced to leave the group, while the therapist continues working with the remaining group members for an additional 15 minutes. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:
3	O0400	O-27	<p><u>Therapy Modalities</u></p> <p>Only skilled therapy time (i.e., require the skills, knowledge and judgment of a qualified therapist and all the requirements for skilled therapy are met, see page O-17) 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</p>

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			pack is often not a skilled intervention. However, when the resident's condition is complicated and 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 patient's plan of care.
3	-	O-28 through O-40	Page number change.
3	O0500	O-41	5. Mrs. J. had a CVA less than a year ago resulting in left-sided hemiplegia. Mrs. J. has a strong desire to participate in her own care. Although she cannot dress herself independently, she is capable of participating in this activity of daily living. Mrs. J.'s overall care plan goal is to maximize her independence in ADLs. A plan, documented on the care plan, has been developed to assist Mrs. J. in how to maintain the ability to put on and take off her blouse with no physical assistance from the staff. All of her blouses have been adapted for front closure with velcro hook and loop fasteners. The nursing assistants have been instructed in how to verbally guide Mrs. J. as she puts on and takes off her blouse to enhance her efficiency and maintain her level of function. It takes approximately 20 minutes per day for Mrs. J. to complete this task (dressing and undressing).
3	O0500	O-42	6. Mr. W.'s cognitive status has been deteriorating progressively over the past several months. Despite deliberate nursing restoration, attempts to promote his independence in feeding himself, he will not eat unless he is fed.
3	-	O-43 through O-45	Page number change.