

**Track Changes  
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Chapter	Section	Page	Change
3	O0100	O-2	<p><b>Coding Instructions for Column 1</b></p> <p>Check all treatments, procedures, and programs received or performed by the resident <b>prior</b> to admission/<b>entry or</b> reentry to the facility and within the 14-day look-back period. Leave Column 1 blank if the resident was admitted/<b>entered</b> or reentered the facility more than 14 days ago. If no items apply in the last 14 days, <b>check Z, none of the above.</b></p> <p><b>Coding Instructions for Column 2</b></p> <p>Check all treatments, procedures, and programs received or performed by the resident <b>after</b> admission/<b>entry or re-entry</b> to the facility and within the 14-day look-back period.</p> <p><b>Coding Tips</b></p> <ul style="list-style-type: none"> <li>• <b>O0100A, e</b>Chemotherapy</li> <li>• <b>O0100B, r</b>Radiation</li> </ul>
3	O0100	O-3	<ul style="list-style-type: none"> <li>• <b>O0100C, o</b>Oxygen therapy</li> <li>• <b>O0100D, s</b>Suctioning</li> <li>• <b>O0100E, t</b>Tracheostomy care</li> <li>• <b>O0100F, v</b>Ventilator or respirator</li> </ul>
3	O0100	O-4	<ul style="list-style-type: none"> <li>• <b>O0100I, t</b>Transfusions</li> <li>• <b>O0100J, e</b>Dialysis</li> <li>• <b>O0100K, h</b>Hospice care</li> <li>• <b>O0100L, r</b>Respite care</li> <li>• <b>O0100M, i</b>Isolation for active infectious disease (does not include standard precautions)</li> </ul>
3	O0100	O-5	<ul style="list-style-type: none"> <li>• 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings  <a href="http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf">http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Isolation2007.pdf</a>  <a href="http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html">http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html</a> </li> <li>• SHEA/APIC Guideline: Infection Prevention and Control in the Long Term Care Facility  <a href="http://www.apic.org/Content/NavigationMenu/PracticeGuidance/APIC">http://www.apic.org/Content/NavigationMenu/PracticeGuidance/APIC</a> </li> </ul>

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			<p><a href="http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforICinLTCFs.pdf">SHEA_Guideline.pdf</a><a href="http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforICinLTCFs.pdf">http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforICinLTCFs.pdf</a></p> <p>As the CDC guideline notes<sup>4</sup>, there are psychosocial risks associated with such restriction, and it has been recommended that psychosocial needs be balanced with infection control needs in the long-term care facility setting.</p> <ul style="list-style-type: none"> <li>• <b>O0100Z, nNone of the above</b></li> </ul>
3	O0100	O-6	<p><b>Planning for Care</b></p> <ul style="list-style-type: none"> <li>• Determining the rate of vaccination and causes for non-vaccination assists nursing homes in reaching the Healthy People 20420 (<a href="http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23">www.healthypeople.gov</a><a href="http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23">http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23</a>) national goal of 90 percent immunization among nursing home residents.</li> </ul> <p><b>Steps for Assessment</b></p> <ol style="list-style-type: none"> <li>1. Review the resident’s medical record to determine whether an Influenza vaccine was received in the facility for this year’s Influenza season. If vaccination status is unknown, proceed to the next step.</li> <li>2. Ask the resident if he or she received an Influenza vaccine outside of the facility for this year’s Influenza season. If vaccination status is still unknown, proceed to the next step.</li> </ol>
3	O0100	O-6	<p><b>Coding Instructions for O0250A, ...</b></p> <ul style="list-style-type: none"> <li>• Code 0, no: if the resident did NOT receive the influenza vaccine in this facility during this year’s influenza season. Proceed to <b>If Influenza vaccine not received, state reason</b> (O0250C).</li> <li>• Code 1, yes: if the resident did receive the influenza vaccine in this facility during this year’s Influenza season. Continue to <b>Date Vaccine Received</b> (O0250B).</li> </ul>
3	O0100	O-7	<p><b>Coding Instructions for O0250B, ...</b></p> <ul style="list-style-type: none"> <li>• Enter date vaccine received. Do not leave any boxes blank. If the month contains only a single digit, fill in the first box of the month with a “0”. For example, January 7, 2010<sup>2</sup> should be entered as 01-07-2010<sup>2</sup>. If the day only contains</li> </ul>

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			<p>a single digit, then fill the first box of the day with the “0”. For example, May 6, 2009<sup>12</sup> should be entered as 05-06-2009<sup>12</sup>. A full 8 character date is required. If the date is unknown or the information is not available, a single dash needs to be entered in the first box.</p> <p><b>Coding Instructions for O0250C, ...</b></p> <p><i>If the resident has not received the <del>I</del>influenza vaccine for this year’s <del>I</del>influenza season (i.e., 0250A=0), code the reason from the following list:</i></p> <ul style="list-style-type: none"> <li>• Code 1, <del>I</del><sup>R</sup>Resident not in facility during this year’s <del>I</del>influenza season: resident not in the facility during this year’s <del>I</del>influenza season.</li> <li>• Code 2, <del>I</del><sup>R</sup>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 <del>I</del>influenza season.</li> <li>• Code 3, <del>I</del><sup>N</sup>Not eligible—medical contraindication: if <del>I</del>influenza vaccination not received due to medical contraindications, including allergic reaction to eggs or other vaccine component(s), a physician order not to immunize, or an acute febrile illness is present. However, the resident should be vaccinated if contraindications end.</li> <li>• Code 4, <del>I</del><sup>O</sup>ffered and declined: resident or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the <del>I</del>influenza vaccine.</li> <li>• Code 5, <del>I</del><sup>N</sup>ot offered: resident or responsible party/legal guardian not offered the <del>I</del>influenza vaccine.</li> <li>• Code 6, <del>I</del><sup>I</sup>nability to obtain vaccine due to a declared shortage: <del>I</del>influenza vaccine unavailable at the facility due to declared <del>I</del>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.</li> <li>• Code 9, <del>I</del><sup>N</sup>one of the above: if none of the listed reasons describe why the <del>I</del>influenza vaccination was not administered. This code is also used if the answer is</li> </ul>

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			unknown.
3	O0100	O-7	<b>Coding Tips and Special Populations</b> <ul style="list-style-type: none"> <li>The influenza season varies annually. Information about 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:  <a href="http://www.cdc.gov/flu/weekly/fluactivitysurv.htm">http://www.cdc.gov/flu/weekly/fluactivitysurv.htm</a>,  <a href="http://www.cdc.gov/flu/weekly/usmap.htm">http://www.cdc.gov/flu/weekly/usmap.htm</a>. 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.</li> </ul>
3	O0100	O-8	<b>Examples</b> <ol style="list-style-type: none"> <li>Mrs. J. received the influenza vaccine in the facility during this year's influenza season, on January 7, 2010.   Rationale: Mrs. J. received the vaccine in the facility on January 7, 2010, during this year's influenza season.</li> <li>Mr. R. did not receive the influenza vaccine in the facility during this year's influenza season due to his known allergy to egg protein.</li> </ol>
3	O0100	O-8	Rationale: Mr. K. was unable to receive the influenza vaccine in the facility due to the fact that the facility did not receive its shipment of influenza vaccine until after his discharge. None of the codes in O0250C, Influenza vaccine not received, state reason, are applicable.
3	O0100	O-9	<b>Planning for Care</b> <ul style="list-style-type: none"> <li>Determining the rate of pneumococcal vaccination and causes for non-vaccination assists nursing homes in reaching the Healthy People 2020  (<del>www.healthypeople.gov</del><a href="http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23">http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23</a>) national goal of 90% immunization among nursing home residents.</li> </ul>
3	O0100	O-10	[ <del>(Centers for Disease Control and Prevention. (2009, May). <i>The Pink Book: Chapters: Epidemiology and Prevention of Vaccine Preventable Diseases (11th ed.)</i>. Retrieved from <a href="http://www.cdc.gov/vaccines/pubs/pinkbook/pink-chapters.htm">http://www.cdc.gov/vaccines/pubs/pinkbook/pink-chapters.htm</a></del> <a href="http://www.cdc.gov/vaccines/pubs/pinkbook/index.html#chapters">http://www.cdc.gov/vaccines/pubs/pinkbook/index.html#chapters</a> )]

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3	O0100	O-12	<b>Coding Instructions O0300B, ...</b> <ul style="list-style-type: none"> <li>Code 1, <del>AN</del>Not eligible: if the resident is not eligible due to medical contraindications, including a life-threatening allergic reaction to the pneumococcal vaccine or any vaccine component(s) or a physician order not to immunize.</li> <li>Code 2, <del>eo</del>Offered and declined: resident or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the pneumococcal vaccine.</li> <li>Code 3, <del>AN</del>Not offered: resident or responsible party/legal guardian not offered the pneumococcal vaccine.</li> </ul>
3	O0100	O-13	2. Mrs. B, who is 95 years...  Rationale: Mrs. B. has never received the pneumococcal vaccine, therefore, her vaccine is not up to date. Her physician has written an order for her not to receive a pneumococcal vaccine, thus she is not eligible for the vaccine.
3	O0100	O-13	4. Mr. T. received the...  Rationale: Mr. T. received his first dose of pneumococcal vaccine prior to the age of 65 due to him residing in congregate care at the age of 62. Even though Mr. T. is now <del>immune-compromised</del> immunocompromised, less than 5 years have lapsed since he originally received the vaccine. He would be considered up to date with his vaccination.
3	O0100	O-16	<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 (O0450B) on the resident's EOT OMRA, in cases where the resident discontinued and then resumed therapy.</li> </ul>
3	O0100	O-26	A resident may have more than one regimen of therapy treatment during an episode of a stay. When this situation occurs the Therapy Start Date for the most recent episode of treatment for the particular therapy (SLP, PT, or OT) should be coded. When a resident's episode of treatment for a given type of therapy extends beyond the ARD (i.e., therapy is ongoing), enter dashes in the appropriate Therapy End Date. <del>When a resident's Medicare Part A stay is eight days or less, T</del> therapy is considered to be ongoing if:
3	O0100	O-26	NOTE: When an EOT-R is completed, the Therapy sStart eDate

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			(O0400A5, O0400B5, and O0400C5) on the <u>next PPS</u> -assessment is the <del>date of</del> <u>same as</u> the <u>Resumption of</u> <del>Resumption of</del> Therapy Start <u>Date (O0450B)</u> on the EOT-R- <del>(O0450B)</del> . If therapy is ongoing, the Therapy <del>e</del> <u>End d</u> <del>ate</del> (O0400A6, O0400B6, and O0400C6) would be filled out with dashes.
3	O0100	O-29	PAGE LENGTH AND/OR PAGE NUMBER CHANGE
3	O0100	O-31	NOTE: When an EOT-R is completed, the Therapy start date (O0400A5, O0400B5, and O0400C5) on the <u>next PPS</u> assessment is the <u>date of the Resumption of therapy on the EOT-R (O0450B)</u> . If therapy is ongoing, the Therapy end date (O0400A6, O0400B6, and O0400C6) would be filled out with dashes. NOTE: When an EOT-R is completed, the Therapy Start Date (O0400A5, O0400B5, and O0400C5) on the next 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 filled out with dashes.
3	O0100	O-31	<b>Coding Instructions:</b>  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 <u>RUG-IV classification-level for each discipline</u> , if <b>no, skip to O0500</b> , Restorative Nursing Programs. If Yes, <b>code item O0450A as 1</b> . Determine when therapy will resume and code item <b>O0450B with the date</b> that therapy will resume. For example:
3	O0100	O-31	<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. Item <b>O0450B was coded as 11132011</b> because therapy resumed on November 13, 2011.</li> </ul>
3	O0100	O-32	PAGE LENGTH AND/OR PAGE NUMBER CHANGE
3	O0100	O-33	PAGE LENGTH AND/OR PAGE NUMBER CHANGE
3	O0100	O-34	<ul style="list-style-type: none"> <li>O0500B, Range of Motion (Active)  Code exercises performed by the resident, with cueing, supervision, or physical assist by staff that are individualized to</li> </ul>

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			the resident's needs, planned, monitored, <del>evaluated</del> , <b>evaluated</b> , and documented in the resident's medical record. Include active ROM and active-assisted ROM.
3	O0100	O-34	<ul style="list-style-type: none"> <li>O0500C, Splint or Brace Assistance</li> </ul> <p>Code provision of (1) verbal and physical guidance and direction that teaches the resident how to apply, manipulate, and care for a brace or splint; or (2) a scheduled program of applying and removing a splint or brace. These sessions are individualized to the resident's needs, planned, monitored, <del>evaluated</del>, <b>evaluated</b>, and documented in the resident's medical record.</p>
3	O0100	O-35	PAGE LENGTH AND/OR PAGE NUMBER CHANGE
3	O0100	O-36	PAGE LENGTH AND/OR PAGE NUMBER CHANGE
3	O0100	O-37	<p>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 <del>ADL's</del> <b>ADLs</b>. 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. 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).</p>
3	O0100	O-38	PAGE LENGTH AND/OR PAGE NUMBER CHANGE
3	O0100	O-39	<p><b>Coding Tips and Special Populations</b></p> <ul style="list-style-type: none"> <li>Includes medical doctors, doctors of osteopathy, podiatrists, dentists, and authorized physician assistants, nurse practitioners, or clinical nurse specialists working in collaboration with the physician as allowable by state law.</li> <li>Examination (partial or full) can occur in the facility or in the physician's office. Included in this item are telehealth visits as long as the requirements are met for physician/practitioner type as defined above and whether it qualifies as a telehealth billable visit. For eligibility requirements and additional information about Medicare telehealth services refer to: <ul style="list-style-type: none"> <li>— Chapter 15 of the <i>Medicare Benefit Policy Manual</i> (Pub. 100-2) and Chapter 12 of the <i>Medicare Claims</i></li> </ul> </li> </ul>

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			<p><i>Processing Manual</i> (Pub. 100-4) may be accessed at:  <a href="http://www.cms.hhs.gov/Manuals">http://www.cms.hhs.gov/Manuals</a>  <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html</a>.</p>
3	O0100	O-40	PAGE LENGTH AND/OR PAGE NUMBER CHANGE
3	O0100	O-41	<ul style="list-style-type: none"> <li>A <del>monthly</del> Medicare Certification/Recertification is a renewal of an existing order and should <b>not</b> be included when coding this item.</li> </ul>