Section O Special Treatments, Procedures and Programs

Presented for the DOH by Catharine B. Petko, RN BSN Myers and Stauffer LC April 7, 2016
Updates

- July 1, 2016: Mandatory submission of staffing and census data through the Provider Based Journal (PBJ) program
- April 2016: CMS will begin posting data for six new Quality Measures on Nursing Home Compare
  - Will use both Medicare claims data and MDS data
  - July 2016: Five of the QMs will be incorporated in 5-Star calculations (not medication QM)
O0100 Special Treatments

- 14 day look back period
  - ARD + previous 13 days
  - When was resident admitted to NF?
    - If within 14 day period, can record events that occurred in hospital in Column 1 While Not a Resident
    - In Column 2, report treatments that occurred While a Resident AND within the last 14 days

- Check Z in Column 1 only if resident was admitted within last 14 days AND no treatments were provided in the hospital
RUG Classification

• O0100H IV Medications received in hospital on Day 8 (O0100H1 = 1)
  – MA RUG-III: Counts as a qualifier. Resident will classify in Extensive Services
  – MC RUG-IV: Events that occur in the hospital are not considered for classification, only events that occur in the NF (Column 2). This item would not be used in classification; other items would determine the RUG.
Non-codable Items

• May code services performed by resident
• Do not code services that were provided solely in conjunction with a surgical procedure or diagnostic procedure, such as IV medications or ventilators. Surgical procedures include routine pre- and post-operative procedures.
• Specific exclusions
  – O0100A Chemotherapy: Do not record K0510A Parenteral/IV, O0100H IV Medications or O0100I Transfusions
Non-codable Items (2)

- Specific exclusions
  - O0100C Oxygen therapy: Do not code hyperbaric oxygen for wound therapy
  - O0100D Suctioning: Do not code oral suctioning
  - O0100F Ventilator: Do not code if being used as a substitute for BiPAP or CPAP
  - O0100H IV Medications: Do not code flushes, IV fluids without medication or subcutaneous pumps. Do not include IV medications given during dialysis or chemotherapy. Dextrose 50% and/or Lactated Ringers given IV are not considered medications
Non-codable Items (3)

- **O0100I Transfusions:** Do not include transfusions that were administered during dialysis or chemotherapy.
- **O0100J Dialysis:** Do not code IVs, IV medications and blood transfusions administered during dialysis.
- **O0100K Hospice:** Do not code if “in-house” hospice program. Must be licensed by the state and/or certified under the MC program.
O0100A Chemotherapy

• Code only antineoplastic agents used for cancer treatment
  – Methotrexate, classified as an antineoplastic agent but used for appetite stimulation – resident does not have cancer – would not be recorded
  – Arimidex (aromatase inhibitor/estrogen receptor modulator) given for cancer treatment but not an antineoplastic agent would not be recorded
**O0100F Ventilator or Respirator**

**O0100G BiPAP/CPAP**

- **Ventilator:** 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
  - Use endotracheal tube (nasally or orally) or tracheostomy

- **BiPAP/CPAP:** Respiratory support devices that prevent the airways from closing by delivering slightly pressurized air through a mask
  - May be continuous or via electronic cycling
  - Resident breathes on her own
O0100M Isolation or Quarantine

• Code only when the resident requires transmission-based precautions and single room isolation (alone in a separate room) because of active infection (i.e., symptomatic and/or have a positive test and are in the contagious stage) with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
O0100M Isolation Exclusions

• Do not code if resident only has a history of infectious disease
• Do not code if the precautions are standard precautions which apply to everyone
  – Includes hand hygiene compliance and glove use
  – May include masks, eye protection and gowns
• Isolation criterion would **not** apply for UTIs, encapsulated pneumonia and wound infections
Single Room Isolation

• Has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission

• Precautions are over and above standard precautions
  – Transmission-based precautions (contact, droplet, and/or airborne) must be in effect
Single Room Isolation (2)

• Resident is in room alone because of active infection and cannot have a roommate
  – Even if roommate has a similar active infection that requires isolation
• Resident must remain in room
  – All services must be brought to the resident
  – May be transported for services for medically needed services using CDC guidelines and still be coded at O0100M
Other Considerations

• Psychosocial risks with Isolation
• May need SCSA based on effect infection has on the resident’s function and plan of care
• Coded infrequently – only 117 residents out of 73,421 in 4th quarter of 2015
• Effects Medicare RUG -IV
  – Place in ES1
  – Higher classification if receiving therapy
O0250 Influenza Vaccine

• For people 65+ in 2014-15 flu season
  – 8.3 million illnesses
  – 4.7 million medical visits
  – 758,000 flu hospitalizations

• An institutional Influenza A outbreak can result in up to 60% of the population becoming ill, with 25% of those affected developing complications severe enough to result in hospitalization or death
A. Did the resident receive the influenza vaccine in this facility for this year’s influenza vaccination season?

- Check CDC website
- F334 dealing with influenza and pneumococcal immunizations, states that “Each resident is offered an influenza immunization October 1 through March 31”
- Residents should be immunized as soon as the vaccine becomes available and continue until influenza is no longer circulating in your geographic area (p. O-8)
O0250 Influenza Vaccine (3)

- Each resident/legal representative receives education regarding the benefits and potential side effects of immunization.
- Each resident is offered immunization unless medically contraindicated or the resident has already been immunized.
- Resident/legal representative has opportunity to refuse immunization.
- Check with PCP as to whether resident should receive “high dose” vaccine.
- Document administration.
O0250 Influenza Vaccine (4)

• B. Date influenza vaccine received
  – Carry date forward on every assessment until beginning of the next flu season
• C. If influenza vaccine not received, state reason
  – 1. Resident not in this facility during this year’s influenza vaccination season
  – 2. Received outside of this facility
  – 3. Not eligible – medical contraindication
O0250 Influenza Vaccine (5)

- 4. Offered and declined
- 5. Not offered
- 6. Inability to obtain influenza vaccine due to a declared shortage
- 9. None of the above
O0300 Pneumococcal Vaccine

A. Is the resident’s Pneumococcal vaccination up to date?
   - Pneumovax (PPSV23)
   - Prevnar-13 (PCV13)

Advisory Committee on Immunization Practices
   - Give an initial pneumococcal vaccine to those who have never received it (preferably Prevnar-13 (PCV13) as the first vaccine)
   - One year later give second pneumococcal vaccine (Pneumovax (PPSV23))
O0300 Pneumococcal Vaccine (2)

• “The Coding Instructions for O0300A do not differentiate between PCV13 and PPSV23, nor does it state that both vaccines must be given. If the resident received either vaccination at the age of 65 or older and is not immunocompromised then the individual is considered “up to date” and the appropriate response is: Code 1, yes.

• If the person was less than 65 years of age and/or immunocompromised, and 5 years has elapsed since the first dose, then another vaccine is indicated and the response is Code 0, no.

• Please make your facilities aware that the current coding instructions should be followed for coding purposes, but the current ACIP recommendations should be followed when assessing the need for further vaccination.”
O0300 Pneumococcal Vaccine (3)

- [www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm](www.cdc.gov/mmwr/preview/mmwrhtml/mm6337a4.htm)
O0300 Pneumococcal Vaccine (4)

• Each resident/legal representative receives education regarding the benefits and potential side effects of immunization
• Each resident is offered immunization unless medically contraindicated or the resident has already been immunized
• Resident/legal representative has opportunity to refuse immunization
• Document administration
O0400A Speech-Language Pathology and Audiology Services

- Services that are provided by a licensed speech-language pathologist and/or audiologist. Rehabilitative treatment addresses physical and/or cognitive deficits/disorders resulting in difficulty with communication and/or swallowing (dysphagia). Common treatments may range from physical strengthening exercises, instructive or repetitive practice and drilling, to the use of audio-visual aids and introduction of strategies to facilitate functional communication.
O0400 Reporting Therapy Minutes

• Report exactly the minutes provided on the MDS

• 7 day look back period
  – Individual minutes
  – Concurrent minutes (not for MC Part B)
  – Group minutes
  – Co-treatment minutes
    • Each discipline may report 100% of minutes
O0400 Reporting Therapy Minutes (2)

• Number of days therapy provided for at least 15 minutes
  – Reported separately by therapy

• For Respiratory, Psychological and Recreational Therapy, the Total minutes each therapy was provided must be reported
  – Directions state “Record the total number of minutes this therapy was administered to the resident in the last 7 days”
O0400B Occupational Therapy

• Services that are provided or directly supervised by a licensed occupational therapist. A qualified occupational therapy assistant (COTA) may provide therapy but not supervise others giving therapy…Occupational therapy interventions address deficits in physical, cognitive, psychosocial, sensory, and other aspects of performance in order to support engagement in everyday life activities that affect health, well-being, and quality of life.
O0400C Physical Therapy

• Services that are provided or directly supervised by a licensed physical therapist…diagnose and manage movement dysfunction and enhance physical and functional status….alleviate impairments and activity limitations and participation restrictions, promote and maintain optimal fitness, physical function, and quality of life and reduce risk as it relates to movement and health. Following an evaluation, the PT designs an individualized plan of PT care using interventions such as therapeutic exercise, functional training, manual therapy techniques, assistive and adaptive devices and equipment, physical agents, and electrotherapeutic modalities. (p. A-16)
O0400D Respiratory Therapy

• Services that are provided by a qualified professional (respiratory therapists, respiratory nurse). RT services are for the assessment, treatment and monitoring of patients with deficiencies or abnormalities of pulmonary function. RT services include coughing, deep breathing, heated nebulizers, aerosol treatments, assessing breath sounds and mechanical ventilation, etc., which must be provided by a respiratory therapist or trained respiratory nurse.
O0400D Respiratory Therapy (2)

• A respiratory nurse must be proficient in the modalities listed above either through formal nursing or specific training and may deliver these modalities as allowed under the state Nurse Practice Act and under applicable state laws.
O0400E Psychological Therapy

- The treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behavior leading to improved social and vocational functioning, and personality growth. Psychological therapy may be provided by a psychiatrist, psychologist, clinical social worker, or clinical nurse specialist in mental health as allowable under applicable state laws.
O0400F Recreational Therapy

• Services that are provided or directly supervised by a qualified recreational therapist who hold a national certification in recreational therapy, also referred to as a “Certified Therapeutic Recreation Specialist”. RT includes providing treatment services…using a variety of techniques including arts and crafts, animals, sports, games, dance and movement, drama, music and community outings…treat and help maintain the physical, mental and emotional well-being of their clients....
RUG Therapy Classification

• MC PPS RUG-IV
  – Individual minutes: count all
  – Concurrent minutes: 50% counted
  – Group minutes: 25% counted
  – Days: 00420 Distinct Calendar Days of Therapy

• MA RUG-III
  – All minutes for ST, OT and PT are added together
  – All days reported at O0400*4 are added
O0500 Restorative Nursing Programs

• Measurable objectives and interventions must be documented in the care plan and in the medical record
  – Review when care plan revised
  – Reassess progress, goals, duration
  – Results of reassessment should be documented

• Evidence of periodic evaluation by the licensed nurse must be present in resident’s medical record
O0500 Restorative Nursing Programs (2)

• Nursing assistants/aides must be trained in the techniques that promote resident involvement in activity

• RN or LPN must supervise activities
  – MD order not required
  – If services do not require qualified therapist, may not code as therapy in O0400

• Does not include groups with more than 4 residents

• “Planned, monitored, evaluated and documented”
O0600 Physician Examinations

• O0600: Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident?

• Coding instructions: Record the number of days that physician progress notes reflect that a physician examined the resident.

• F386: “Write, sign and date progress notes at each visit”
• Count if exam done by MD, DO, podiatrists, dentists, and authorized PAs, NPs, and clinical nurse specialists working with physician
O0600 Physician Examinations (3)

• Frequency
  – F387 Must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter
  – Considered “timely” if it occurs not later than 10 days after the date the visit was required
  • 10 days slippage of the due date will not affect the next due date
  – F388 May alternate physician and physician extender visits; details in F390 and CMS Letter
O0700 Physician Orders

- Enter the **number of days** during 14-day look-back period (or since admission, if less than 14 days ago) in which a physician changed the resident’s orders.
- May be written by same group of professionals as O0600 but not a pharmacist.
- Include written, telephone, fax or consultation orders for new or altered treatment.
O0700 Physician Orders

• Do not count
  – Admission orders
  – Clarifying orders
  – Prior to admission
  – Use of sliding scale or PRN orders
  – Medicare certification/recertification
  – Orders to increase RUG classification

• Evaluate consultation orders: must be reasonable, timely
Questions?

• Next teleconference: July 14, 2016
  – October 1, 2016 MDS Changes
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