Section O
Special Treatments and Programs

Intent
To identify any special treatments, therapies, or programs that the resident received in the specified time period.
To determine the extent to which the resident receives nursing rehabilitation or restorative services from other than specialized therapy staff.
To determine the rate of vaccination and causes for non-vaccination for Influenza and Pneumococcal immunizations.

Enhanced Quality Measures
O0250 – Percent of eligible and willing residents vaccinated for the influenza season, October 1 through March 31
O0300 – Percent of eligible and willing residents with an up-to-date pneumococcal vaccination

RUG IV Categories
O0100A, O0100C, O0100H, O0100I - Clinically Complex
O0100B, O0100J - Special Care Low
O0700 - Special Care High
O0100E, O0100F, O0100M - Low-Ultra High Rehabilitation plus Extensive Services, Extensive Services
O0400A, O0400B, O0400C – Low-Ultra High Rehabilitation plus Extensive Services, Low-Ultra High Rehabilitation
O0400D - Low-Ultra High Rehabilitation plus Extensive Services, Low-Ultra High Rehabilitation, Special Care High
O0500A-J - Low Rehabilitation plus Extensive Services, Low Rehabilitation, Behavioral Symptoms and Cognitive Performance End Splits

Skilled Charting
Diabetes
Dialysis
IV Medication
Occupational Therapy
Oxygen Use
Physical Therapy
Respiratory Therapy
Restorative Nursing
Speech Therapy
Suctioning
Tracheostomy Care

O0100. Special Treatments and Programs			
Check all of the following treatments, programs, and procedures that were performed during the last **14 days**.			
1. While not a Resident Performed **while NOT a resident** of this facility and within the **last 14 days.** Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident was admitted 14 or more days ago, leave column 1 blank.	**2. While a Resident** Performed **while a resident** of this facility and within the **last 14 days.**	**1. While NOT a Resident**	**2. While a Resident**
		Check all that apply	
Cancer Treatments			
A. Chemotherapy			
B. Radiation			
Respiratory Treatments			
C. Oxygen therapy			
D. Suctioning			
E. Tracheostomy care			
F. Ventilator or respirator			
G. BIPAP/CPAP machine			
Other			
H. IV medications			
I. Transfusions			
J. Dialysis			
K. Hospice care			
L. Respite care			
M. Isolation or quarantine for active infectious disease (does not include standard body fluid precautions)			
Z. None of the Above			

O0100. Special Treatments and Programs 14 day look back

Check all of the following treatments, programs, and procedures that were performed during the last **14 days**.

1. While NOT a Resident - Performed **while NOT a resident** of this facility and within the **last 14 days.** Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS.

If resident was admitted 14 or more days ago, leave column 1 blank.

2. While a Resident - Procedure performed **while a resident** of this facility and within the **last 14 days. Code for all residents.**

Do not check services that were provided solely in conjunction with a surgical or diagnostic procedure and the immediate post-operative or post-procedure recovery period.

TREATMENTS
May be received at facility, hospital, clinic, or physician's office.

A. Chemotherapy RUG – Clinically Complex

Each drug should be evaluated to determine its reason for use before coding it here.

Code any type of chemotherapy agent administered as an antineoplastic given by any route in this item.

The drugs coded here are those actually used for cancer treatment. For example, Megace (megestrol acetate) is classified in the **Physician's Desk Reference (PDR)** as an anti-neoplastic drug. One of its side effects is appetite stimulation and weight gain. If Megace is being given only for appetite stimulation, do **not** code it as chemotherapy in this item, as the resident is not receiving the Megace for chemotherapy purposes in this situation.

IV's, IV medication, and blood transfusions administered during chemotherapy are **not** recorded under items K0500A (Parenteral/IV), O0100H (IV Medications), and O01001 (Transfusions).

B. Radiation RUG – Special Care Low

Code intermittent radiation therapy, as well as, radiation administered via radiation implant.

C. Oxygen therapy RUG – Clinically Complex

Code continuous or intermittent oxygen administered via mask, cannula, etc., delivered to a resident to relieve hypoxia in this item.

Code oxygen used in Bi-level Positive Airway Pressure/Continuous Positive Airway Pressure (BiPAP/CPAP) here.

Do not code hyperbaric oxygen for wound therapy.

D. Suctioning

Includes nasopharyngeal or tracheal suctioning only.

Oral suctioning should not be coded here.

E. Tracheostomy care RUG – Low-Ultra High Rehabilitation plus Extensive Services, Extensive Services

Includes cleansing of tracheostomy and cannula.

F. Ventilator or respirator RUG – Low-Ultra High Rehabilitation plus Extensive Services, Extensive Services

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.

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.

G. BIPBP/CPAP

Bi-level Positive Airway Pressure (BIPAP) or Continuous Positive Airway Pressure (CPAP) devices.

Code any type of CPAP or BiPAP respiratory support devices that prevent the airways from closing by delivering slightly pressurized air through a mask continuously or via electronic cycling throughout the breathing cycle.

If a ventilator or respirator is being used as a substitute for BiPAP/CPAP, code here.

H. IV medications **RUG – Clinically Complex**

Code any drug or biological (contrast material) given by intravenous push, epidural pump, or drip through a central or peripheral port in this item.

Do **not** code saline or heparin flushes to keep a heparin lock patent, or IV fluids without medication here.

Record the use of an epidural pump in this item. Epidural, intrathecal, and baclofen pumps may be coded, as they are similar to IV medications in that they must be monitored frequently and they involve continuous administration of a substance.

Do **not** code subcutaneous pumps in this item.

Do **not** include IV medications of any kind that were administered during dialysis the chemotherapy.

I. Transfusions **RUG – Clinically Complex**

Code transfusions of blood or any blood products (platelets, synthetic blood products), which are administered directly into the bloodstream in this item.

Do **not** include transfusions that were administered during dialysis or chemotherapy.

J. Dialysis **RUG – Special Care Low**

Code peritoneal or renal dialysis 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 dialysis are considered part of the dialysis procedure and are **not** to be coded under items K0500A (Parenteral/IV), O0100H (IV medications), and O0100I (transfusions).

PROGRAMS
ONLY those received within a nursing facility

K. Hospice care

Code residents identified as being in a hospice program for terminally ill persons where an array of services is provided for the palliation and management of terminal illness and related conditions.

The hospice must be licensed by the state as a hospice provider and/or certified under the Medicare program as a hospice provider.

L. Respite care

Code only when the resident whose care program involves a short-term stay in the facility for the purpose of providing relief to an individual's primary home-based caregiver(s) in this item.

M. Isolation or quarantine for active infectious disease (does not include standard body fluid precautions)

Code only when the resident requires strict isolation or quarantine in a separate room because of active infection (symptomatic and/or have a positive test and are in the contagious stage) with a communicable disease, in an attempt to prevent spread of illness.

Do not code this item if the resident only has a **history** of infectious disease (MRSA or C-Diff with no active symptoms), but facility policy requires cohorting of similar infectious disease conditions.

Do not code this item if the "isolation" primarily consists of body/fluid precautions, because these types of precautions apply to everyone.

Z. None of the Above

O0250. Influenza Vaccine Refer to current version of RAI manual for current influenza vaccination season and reporting period.	
	A. Did the **resident receive the Influenza Vaccine <u>in this facility</u>** for this year's Influenza season? **0. No →** Skip to O0250C, If Influenza Vaccine not received, state reason **1. Yes →** Continue to O0250B, Date Influenza Vaccine received
	B. Date Vaccine Received → Complete date and skip to O0300A, Is the resident's Pneumococcal Vaccination up to date? ___ ___ – ___ ___ ___ ___ **Month** **Year**
	C. If Influenza Vaccine not received, state reason: **1. Resident not in facility** during this year's Influenza season **2. Received outside of this facility** **3. Not eligible –** medical contraindication **4. Offered and declined** **5. Not offered Influenza vaccine due to declared shortage** **9. None of the above**

O0250. Influenza Vaccine Skip item

Refer to current version of RAI manual for current influenza vaccination season and reporting period.

Must be completed for all residents on all assessment types with ARDs or discharge dates from October 1 through June 30.

Although flu season is defined as October 1 through March 32, the time is expanded through June 30 to capture any record that provides the only report of a vaccination received during the flu season.

A. Did the **resident receive the Influenza Vaccine <u>in this facility</u>** for this year's Influenza season?
0. No → Skip to O0250C, If Influenza Vaccine not received, state reason
1. Yes → Continue to O0250B, Date Influenza Vaccine received

B. Date Influenza Vaccine Received → Complete date and skip to O0300A, Is the resident's Pneumococcal Vaccination up to date?

C. If Influenza Vaccine not received, state reason:
1. Not in facility during this year's flu season
2. Received outside of this facility
3. Not eligible – medical contrain
4. Offered and declined
5. Not offered
6. Inability to obtain vaccine due to declared shortage
9. None of the above

O0300. Pneumococcal Vaccine	
	A. Is the resident's **Pneumococcal Vaccination up to date?** **0. No →** Continue to O0300B, If Pneumococcal Vaccine not received, state reason **1. Yes →** Skip to O0400, Therapies
	B. If Pneumococcal Vaccine not received, state reason: **1. Not eligible –** medical contraindication **2. Offered and declined** **3. Not offered**

O0300. Pneumococcal Vaccine Skip item

Must be completed for all residents on all assessment types.

A. Is the resident's **Pneumococcal Vaccination up to date?**
0. No → Continue to O0300B, If Pneumococcal Vaccine not received, state reason
1. Yes → Skip to O0400, Therapies

B. If Pneumococcal Vaccine not received, state reason:
1. Not eligible – medical contraindication **2. Offered and declined** **3. Not offered**

O0400. Therapies

Minutes of therapy

Includes only therapies that were provided once the individual is actually living/being cared for at the long-term care facility.

The resident's treatment time starts when he or she begins the first treatment activity or task and ends when he or she finishes with the last apparatus or intervention/task and the treatment is ended, as long as the services were not interrupted (for example, by a bathroom break or a nontherapeutic rest).

If a resident returns from a hospital stay, an initial evaluation must be performed upon readmission to the facility, and only those therapies that occurred since readmission to the facility may be counted

The therapist's time spent on subsequent reevaluations, conducted as part of the treatment process, should be counted.

The time required to adjust equipment or otherwise prepare for the individualized therapy of a particular resident, is the set-up time and may be included in the count of minutes of therapy delivered to the resident.

Include only skilled therapy services. Skilled therapy services must meet the following conditions: for Part A, services must be ordered by a physician. For Part B the plan of care must be certified by a physician following the therapy evaluation.

Do NOT include:

Therapies that occurred while the person was an inpatient at a hospital or recuperative/rehabilitation center or other long-term care facility, or a recipient of home care or community-based services

The therapist's time spent on documentation or on initial evaluation

The services must be:

Directly and specifically related to an active written treatment plan that is based on an initial evaluation performed by a qualified therapist prior to the start of therapy services in the facility that is approved by the physician after any needed consultation with the qualified therapist

Of a level of complexity and sophistication, or the condition of the resident must be of a nature that requires the judgment, knowledge, and skills of a therapist

Provided with the expectation, based on the assessment made by the physician of the resident's restoration potential, that the condition of the patient will improve materially in a reasonable and generally predictable period of time, or the services must be necessary for the establishment of a safe and effective maintenance program

Considered under accepted standards of medical practice to be specific and effective treatment for the resident's condition

Reasonable and necessary for the treatment of the resident's condition; this includes the requirement that the amount, frequency, and duration of the services must be reasonable.

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 Item O0400 (Therapies), even when performed by a therapist or an assistant.

Nursing homes may elect to have licensed professionals perform repetitive exercises and other maintenance treatments or to supervise aides performing these maintenance services. In these situations, the services shall not be coded as therapy in Item O0400 (Minutes), since the specific interventions would be considered restorative nursing services when performed by nurses or aides.

Once the licensed therapist has designed a maintenance program and discharged the resident from rehabilitation (skilled) therapy program, the services performed by the therapist and the assistant are not to be reported in Item O0400A, B, or C (Therapies). The services may be reported on the MDS assessment in Item O0500 (Restorative Nursing Program), provided the requirements for restorative nursing program are met. Services provided by aides are not skilled services.

Co-treatment

When two clinicians, each from a different discipline, treat one resident at the same time. The clinicians must split the time between the two disciplines as they deem appropriate. They may not each count the treatment session in full, and the split times when added may not exceed the actual total amount of the treatment session.

Therapy Aides

Aides cannot provide skilled services. Only the time an aide spends on set-up for skilled services may be coded on the MDS (e.g., set up the treatment area for wound therapy).

Therapy Students

Medicare Part A—Therapy students must be in line-of-sight supervision of the professional therapist. The time spent by the therapist providing skilled services by supervising the student who participates by following the therapist's direction under line-of-sight supervision may be coded on the MDS.

Medicare Part B—The following criteria must be met in order for services provided by a student to be billed by the nursing home (or provider):
The qualified professional is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
The practitioner is not engaged in treating another patient or doing other tasks at the same time.
The qualified professional is the person responsible for the services and, as such, signs all documentation. (A student may, of course, also sign but it is not necessary because the Part B payment is for the clinician's service, not for the student's services.)
Physical therapy assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy assistant students while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist.

Modes of Therapy

A resident may receive therapy via different modes during the same day or even treatment session. The therapist and assistant must determine which mode(s) of therapy and the amount of time the resident receives for each mode and code the MDS appropriately.

Individual Therapy

The treatment of one resident at a time. The resident is receiving the therapist's or the assistant's full attention. Treatment of a resident individually at intermittent times during the day is individual treatment, and the minutes of individual treatment are added for the daily count. For example, the speech-language pathologist treats the resident individually during breakfast for 8 minutes and again at lunch for 13 minutes. The total of individual time for this day would be 21 minutes.

Concurrent Therapy

Medicare Part A - The treatment of 2 residents at the same time, regardless of payer source, both of whom must be in line-of-sight of the treating therapist or assistant.

Medicare Part B - The treatment of two or more residents at the same time is documented as group treatment. Regardless of whether those residents are doing the same or different activities.

Group Therapy

Medicare Part A - The treatment of 2 to 4 residents, regardless of payer source, who are performing similar activities, and are supervised by a therapist or assistant who is not supervising any other individuals.

Medicare Part B - The treatment of 2 or more individuals simultaneously who may or may not be performing the same activity.

A. Speech-Language Pathology and Audiology Services	
Enter number of Minutes | | | | | **Enter number of Minutes** | | | | | **Enter number of Minutes** | | | | | **Enter number of Days**	**1. Individual minutes** – record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days **2. Concurrent minutes** – record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days **3. Group minutes** – record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days **3A. Co-treatment minutes** – record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days. **If sum of individual, concurrent, and group minutes is zero →** skip to O0400A5, Therapy Start Date **4. Days** – record **number of days** therapy was administered for **at least 15 minutes,** a day in last 7 days **5. Therapy start date** – record the date the most recent therapy regimen (since the most recent entry) started ___ --___ --___ ___ ___ ___ Month Day Year **6. Therapy end date** – record the date the most recent therapy regimen (since the most recent entry) ended. Enter dashes if therapy is ongoing ___ --___ --___ ___ ___ ___ Month Day Year

A. Speech-Language Pathology And Audiology Services

RUG – Low- Ultra High Rehabilitation plus Extensive Services, Low Ultra High Rehabilitation

Services that are provided by a licensed speech-language pathologist. See the previous pages for information on coding minutes, days, start and end dates.

B. Occupational Therapy	
Enter number of Minutes | | | | | **Enter number of Minutes** | | | | | **Enter number of Minutes** | | | | | **Enter number of Days**	**1. Individual minutes** – record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days **2. Concurrent minutes** – record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days **3. Group minutes** – record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days **3A. Co-treatment minutes** – record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days. **If sum of individual, concurrent, and group minutes is zero →** skip to O0400B5, Therapy Start Date **4. Days** – record **number of days** therapy was administered for **at least 15 minutes,** a day in last 7 days **5. Therapy start date** – record the date the most recent therapy regimen (since the most recent entry) started ___ --___ --___ ___ ___ ___ Month Day Year **6. Therapy end date** – record the date the most recent therapy regimen (since the most recent entry) ended. Enter dashes if therapy is ongoing ___ --___ --___ ___ ___ ___ Month Day Year

B. Occupational Therapy

RUG – Low- Ultra High Rehabilitation plus Extensive Services, Low Ultra High Rehabilitation

Therapy services provided or directly supervised by a licensed occupational therapist. A qualified occupational therapy assistant may provide therapy but may not supervise others. Include services provided by a qualified occupational therapy assistant who is employed by or under contract to facility only if she is under the direction of a licensed occupational therapist.

See the previous pages for information on coding minutes, days, start and end dates.

C. Physical Therapy	
Enter number of Minutes | | | | |	**1. Individual minutes** – record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days **2. Concurrent minutes** – record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days **3. Group minutes** – record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days **3A. Co-treatment minutes** – record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days. **If sum of individual, concurrent, and group minutes is zero** → skip to O0400C5, Therapy Start Date **4. Days** – record **number of days** therapy was administered for **at least 15 minutes,** a day in last 7 days **5. Therapy start date** – record the date the most recent therapy regimen (since the most recent entry) started ___ --___ --___ ___ ___ ___ Month Day Year **6. Therapy end date** – record the date the most recent therapy regimen (since the most recent entry) ended. Enter dashes if therapy is ongoing ___ --___ --___ ___ ___ ___ Month Day Year
Enter number of Minutes | | | | |	
Enter number of Minutes | | | | |	
Enter number of Days | | |	

C. Physical Therapy

RUG – Low- Ultra High Rehabilitation plus Extensive Services, Low Ultra High Rehabilitation

Therapy services provided or directly supervised by a licensed physical therapist. A qualified physical therapy assistant may provide therapy but may not supervise others. Include services provided by a qualified physical therapy assistant who is employed by or under. contract to the nursing facility only if she is under the direction of a licensed physical therapist.
See the previous pages for information on coding minutes, days, start and end dates.

D. Respiratory Therapy	
Enter number of Minutes | | | | |	**1. Total minutes** – record the total number of minutes this therapy was administered to the resident in the last 7 days. If zero, → skip to O0400E, Psychological Therapy
Enter number of Days | | |	**2. Days –** record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

D. Respiratory Therapy

RUG – Low- Ultra High Rehabilitation plus Extensive Services, Low Ultra High Rehabilitation, Special Care High Skip item

Therapy services provided by a qualified professional (respiratory therapist, trained nurse)
A "trained nurse" refers to a nurse who received specific training on the administration of respiratory treatments and procedures. A trained nurse may perform the assessment and the treatments when permitted by the state nurse practice act. This training may have been provided at the facility during a previous work experience or as part of an academic program. Nurses do not necessarily learn these procedures as part of their formal nurse training program.

Count only the time the qualified professional spends with the resident.
Included treatments are coughing, deep breathing, heated nebulizers, aerosol treatments, assessing breath sounds, and mechanical ventilation. Does not include hand held medication dispensers.

See the previous pages for information on coding minutes and days.

E. Psychological Therapy	
Enter number of Minutes	**1. Total minutes** – record the total number of minutes this therapy was administered to the resident in the last 7 days. If zero, → skip to O0400F, Recreational Therapy
Enter number of Days	**2. Days –** record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

E. Psychological Therapy (by any licensed mental health professional) Skip item

Therapy provided by any licensed metal health professional, such as a psychiatrist, psychologist, psychiatric nurse, or psychiatric social worker
Psychiatric Technicians are not considered to be licensed mental health professionals, and their services may not be counted in this item.
If the state does not license a certain category of professionals working in your facility, you may not count the services of those unlicensed therapists in this item.

See the previous pages for information on coding minutes and days.

F. Recreational Therapy	
Enter number of Minutes	**1. Total minutes** – record the total number of minutes this therapy was administered to the resident in the last 7 days. If zero, → skip to O0420, Distinct Calendar Days of Therapy
Enter number of Days	**2. Days –** record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

F. Recreational Therapy (includes recreational and music therapy) Skip item

See the previous pages for information on coding minutes and days.

Recreational therapy is not a skilled service according to the Social Security Act. However, for purposes of the MDS, providers should record services for recreational therapy (Item O0400F) when the following criteria are met:

- The physician orders recreational therapy that provides therapeutic stimulation beyond the general activity program in the nursing home.
- The physician's order includes a statement of frequency, duration, and scope of treatment.

The services must be:

- Directly and specifically related to an active written treatment plan that is based on an initial evaluation performed by a therapeutic recreation specialist.
- Required and provided by a state licensed or nationally certified therapeutic recreation specialist or therapeutic recreation assistant, who is under the direction of a therapeutic recreation specialist; and the services must be reasonable and necessary for the resident's condition.

Include services provided by a qualified occupational/physical therapy assistant who is employed by (or under contract with) the long-term care facility only if he or she is under the direction of a qualified occupational/physical therapist. Medicare does not recognize speech-language pathology assistants; therefore, services provided by these individuals are not to be coded on the MDS.

Record only the actual minutes of therapy. The conversion of units to minutes or minutes to units is not appropriate. Do not round to the nearest 5th minute.

420. Distinct Calendar Days of Therapy	
	Record the number of calendar days that the resident received Speech-Language pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.

420. Distinct Calendar Days of Therapy

Enter the number of days therapy services were provided in the last 7 days.

A day of therapy is defined as treatment for 15 minutes or more during the day.

Enter 0 if none was provided or if therapy was provided for less than 15 minutes on that day.

0450. Resumption of Therapy – Complete only if A0310C = 2 03 and A0310F = 99	
	A. Has a previous rehabilitation therapy regimen (speech, occupational, and/or physical therapy) ended, as reported on this End of Therapy OMRA, and has his regimen now resumed exactly the same level for each discipline? **0. NO** → Skip to O0500, Restorative Nursing Programs **1. Yes** **B. Day on which therapy regimen resumed** __ __ – __ __ – __ __ __ __ **Month Day Year**

0450. Resumption of Therapy

Skip Item

Complete only if A0310C = 2 03 and A0310F = 99

O0500. Restorative Nursing Care	
Record the **number of days** each of the following restorative programs were performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily).	
Number of days	

O0500. Restorative Nursing Care

RUG – Low Rehabilitation plus Extensive Services, Low Rehabilitation, Behavioral Symptoms and Cognitive Performance End Splits

Record the **number of days** each of the following restorative programs were performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily).

The time provided for items O0500A-J must be coded separately, in time blocks of 15 minutes or more.

Restorative program refers to nursing interventions that promote the resident's ability to adapt and adjust to living as independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning.

A resident may be started on a restorative program when he or she is admitted to the facility with restorative needs, but is not a candidate for formalized rehabilitation therapy, or when restorative needs arise during the course of a longer-term stay, or in conjunction with formalized rehabilitation therapy. Generally, restorative nursing programs are initiated when a resident is discharged from formalized physical, occupational, or speech rehabilitation therapy.

The following criteria for restorative care must be met:

Measureable objective and interventions must be documented in the care plan and in the medical record. If a restorative nursing program is in place when a care plan is being revised, it is appropriate to reassess progress, goals, and duration/frequency as part of the care planning process. Good clinical practice would indicate that the results of this reassessment should be documented in the record.

Evidence of periodic evaluation by the licensed nurse must be present in the medical record. When not contraindicated by state practice act provisions, a progress note written by the restorative aide and countersigned by a licensed nurse is sufficient to document the restorative nursing program once the purpose and objectives of treatment have been established.

Nursing assistants/aides must be skilled in the techniques that promote resident involvement in the activity.

A registered nurse or a licensed practical (vocational) nurse must supervise the activities in a nursing restorative program. Sometimes, under licensed nurse supervision, other staff and volunteers will be assigned to work with specific residents. Restorative nursing does not require a physician's order.

Nursing homes may elect to have licensed rehabilitation professionals perform repetitive exercises and other maintenance treatments or to supervise aides performing these maintenance services. In these situations, the services may not be coded as therapy in item O0400, **Therapies,** because the specific interventions are considered restorative nursing services. The therapist's time actually providing the maintenance service can be included when counting restorative nursing minutes. Although therapists may participate, members of the nursing staff are still responsible for overall coordination and supervision of restorative nursing programs.

This category does not include groups with more than four residents per supervising helper or caregiver.

This item does not include procedures or techniques carried out by or under the direction of qualified therapists.

	A. Range of motion (passive)

A. Range of motion (passive)

The caregiver moves the body part around a fixed point or joint through the resident's available range of motion. The resident provides no assistance.

The exercises must be planned, scheduled, and documented in the clinical record.
Helping a resident get dressed or bathe does not, in and of itself, constitute a range of motion exercise program.

The use of Continuous Passive Motion (CPM) devices as Rehabilitation/Restorative Nursing is coded when the following criteria are met:
1) Ordered by a physician,
2) Nursing staff have been trained in techniques (properly aligning resident's limb in device, adjusting available range of motion),
3) Monitoring of the device,
4) Do not include the time the resident is receiving treatment in the device. Include only the actual time staff required to apply the device and monitor.

For both active and passive range of motion:
Movement by a resident that is incidental to dressing, bathing, etc., does not count as part of a formal restorative care program. For inclusion in this section, active or passive range of motion must be a component of an individualized program with measurable objectives and periodic evaluation delivered by staff specifically trained in the procedures.

	B. Range of motion (active)

B. Range of motion (active)
Exercises performed by a resident with cueing, supervision, or physical assist by staff, that are planned, scheduled, and documented in the clinical record.
Any participation by the resident in the ROM activity should be coded here.
Helping a resident get dressed or bathe does not, in and of itself, constitute a range of motion exercise program.
Dressing or bathing does not, in and of itself, constitute a range of motion exercise program.

	C. Splint or brace assistance

C. Splint or brace assistance

Assistance can be of two types:
1) Staff provides verbal and physical guidance that teaches the resident how to apply, manipulate, and care for a brace or splint, or
2) Staff has a scheduled program of applying and removing a splint or brace, assessing the resident's skin and circulation under the device, and repositioning the limb in correct alignment.
These sessions must be planned, scheduled, and documented in the clinical record.

	Training and skill practice in:

Training and skill practice in:

Activities including repetition, physical or verbal cueing, and task segmentation provided by any staff member or volunteer under the supervision of a licensed nurse

Activities used to improve or maintain the resident's self-performance

	D. Bed mobility

D. Bed mobility
Moving to and from a lying position, turning side to side, and positioning self in bed

	E. Transfer

E. Transfer
Moving between surfaces or planes either with or without assistive devices

	F. Walking

F. Walking
With or without assistive devices

	G. Dressing and/or grooming

G. Dressing and/or grooming

Dressing and undressing, bathing and washing, and performing other hygiene tasks.

Grooming programs, including programs to help residents learn to apply make-up, may be considered restorative nursing programs when conducted by a member of the activity staff.

These grooming programs need to have goals, objectives, and documentation of progress included in the clinical record.

	H. Eating and/or swallowing

H. Eating and/or swallowing
Feeding self food and fluids, ability to ingest nutrition and hydration by mouth

	I. Amputation/prostheses care

I. Amputation/prosthesis care

Putting on and removing a prosthesis, caring for a prosthesis, and providing appropriate hygiene at the site where the prosthesis attaches to the body.

Dentures are not considered to be prosthesis for coding this item.

	J. Communication

J. Communication

Using newly acquired communication skills or using residual communication skills and adaptive devices.

Includes, but is not limited to, teaching self-care for diabetic management, self-administration of medications, ostomy care, and cardiac rehabilitation.

O0600. Physician Examinations	
Days	Over the last 14 days, **on how many days did the physician (or authorized assistant or practitioner) examine the resident?**

O0600. Physician Examinations 14 day look back

Record the **number of days** that physician progress notes reflect that a physician examined the resident (or since admission if less than 14 days ago).

Includes medical doctors, doctors of osteopathy, podiatrists, dentists, and authorized physician assistants, nurse practitioners, or clinical nurse specialists working in collaboration with the physician.

Examination (partial or full) can occur in the facility or in the physician's office.

If a resident is evaluated by a physician off-site (while undergoing dialysis or radiation therapy), it can be coded as a physician examination as long as documentation of the physician's evaluation is included in the medical record.

The licensed psychological therapy by a Psychologist (PhD) should be recorded in O0400E, Psychological Therapy.

Does not include physician examinations that occurred: Prior to admission or readmission to the facility, during an emergency room visit, during a hospital observation stay.

Does not include visits made by Medicine Men.

O0700. Physician Orders	
Days	Over the last 14 days, **on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?**

O0700. Physician Orders 14 day look back **RUG – Special Care High**

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.

Includes written, telephone, fax, or consultation orders for new or altered treatment. Does **not** include standard admission orders, return admission orders, renewal orders, or clarifying orders without changes. Orders written on the day of admission as a result for an unexpected change/deterioration in condition or injury are considered as new or altered treatment orders and should be counted as a day with order changes.

The prohibition against counting standard admission or readmission orders applies regardless of whether or not the orders are given at one time or are received at different times on the date of admission or readmission.

Do not count orders prior to the date of admission or re-entry.

A sliding scale dosage schedule that is written to cover different dosages depending on lab values, does **not** count as an order change simply because a different dose is administered based on the sliding scale guidelines.

When a PRN (as needed) order was already on file, the potential need for the service had already been identified. Notification of the physician that the PRN order was activated does **not** constitute a new or changed order and may **not** be counted when coding this item.

A monthly Medicare Certification is a renewal of an existing order and should **not** be included when coding this item.

If a resident has multiple physicians (surgeon, cardiologist, internal medicine), and they all visit and write orders on the same day, the MDS must be coded as 1 day during which a physician visited, and 1 day in which orders were changed.

Orders requesting a consultation by another physician may be counted. However, the order must be reasonable (for a new or altered treatment).

An order written on the last day of the MDS observation period for a consultation planned 3-6 months in the future should be carefully reviewed.

Orders written to increase the resident's RUG classification and facility payment are **not** acceptable.

When a PRN order was already on file, the potential need for the service had already been identified.

Notification of the physician that the PRN order was activated does not constitute a new or changed order and may **not** be counted when coding this item.

Orders for transfer of care to another physician may **not** be counted.

Do **not** count orders written by a pharmacist.