

Long-Term Care Survey Alert

Section O: Use This Guidance from CMS to Code Section O

Learn what to do if your patient receives multiple ventilation devices.

If coding the therapy your patients receive for their respiratory distress leaves you breathless, there is good news for you. The Centers for Medicare & Medicaid Services (CMS) recently released an MDS 3.0 training video that covers the following common questions regarding coding certain items in Section O.

When You Can and Cannot Code O0100F

Question: In terms of coding for O0100F □ Ventilator or respirator, what's the difference between invasive ventilation and non-invasive ventilation (NIV)?

Answer: The main difference between invasive ventilation and NIV is that residents on NIV "are not intubated but are instead supported through the use of a facemask," said **Cheryl Wiseman of CMS's Quality Measurement and Health Assessment Group** in the training video. "Some residents need to be on this ventilation 24 hours a day; however, there are some residents who are able to take periodic breaks from this treatment to take medications and to eat meals."

Invasive ventilation, on the other hand, involves ventilation through an endotracheal tube, Wiseman noted. "And these residents are not able to be taken off this ventilary support."

To check off O0100F, "the resident must be receiving ventilator support through an electrically or pneumatically powered closed system mechanical ventilator support device that ensures adequate ventilation in the resident who is or who may become unable to support his or her own respiration," Wiseman explained. In addition to an endotracheal tube, either nasally or orally intubated, this would also include residents receiving ventilation through a tracheostomy.

Sort Out Coding When Resident Uses Multiple Ventilation Devices

Question: A resident was admitted 10 days ago after being hospitalized due to acute respiratory distress syndrome (ARDS). He was on a ventilator at the hospital and was extubated two days prior to being admitted to the facility. He started on post extubation non-invasive positive pressure ventilation (NPPV) through the use of a nasal mask. The assessment reference date (ARD) is today, the tenth day of his stay. How should I code this in Section O?

Answer: Because the resident used both a ventilator and the NIV device before admission to the nursing home, and was within the 14-day look-back period, you've met the conditions for column 1 (While NOT a Resident) for both O0100F and O0100G □ BiPAP/CPAP, noted Rabia Khan, also with CMS's Quality Measurement and Health Assessment Group, in the instructional video.

Therefore, you should check column 1 for both O0100F and O0100G, Khan stated. You would check column 2 (While a Resident), however, for only O0100G, because the resident used only the NIV device since admission to the nursing home.

How to Calculate Minutes for O0400D

Question: We have a resident who has Chronic Obstructive Pulmonary Disease (COPD). She receives respiratory therapy services Sunday through Thursday for 10 minutes each day. How do we code this in O0400D □ Respiratory Therapy?

Answer: First, you will multiply the number of days the resident received respiratory therapy by the number of minutes

each day. So in this case, five days multiplied by 10 minutes per day would equal 50, Khan said. You would enter 0050 in item O0400D1 □ Total minutes.

Then, you need to report the number of days. In the example, the resident received respiratory therapy on five days. But the glitch here is that in order to count the day, the resident must have received at least 15 minutes of therapy each day.

So because there were not any days where the resident received respiratory therapy for at least 15 minutes per day in the last seven days, you would code O0400D2 □ Days with a zero, Khan advised.

Link: You can view the CMS video, "MDS 3.0 Provider Updates: Section O, Special Treatments, Procedures and Programs," at www.youtube.com/watch?v=J6lR7Y3M0yM&feature.