

MDS Alert

Section O: Code New Item O0420 This Way To Comply With RAI Revisions

And understand what CMS expects from you during the transition period.

Now you'll need to track "Distinct Calendar Days of Therapy," as well as co-treatment sessions in Section O, thanks to the latest Resident Assessment Instrument (RAI) manual updates. Here's what you need to know for coding these new items in the MDS.

"Therapy must now be coded with the total number of minutes [for which] the respective discipline of therapy was administered to the resident in co-treatment sessions during the previous seven days," according to a recent blog posting by the Indianapolis-headquartered law firm **Hall, Render, Killian, Health & Lyman**. "Additionally, therapy will be tracked on distinct calendar days."

Check Out These New Section O Items

For Section O, the manual updates add Co-Treatment Minutes as a sort of subset of Group Minutes in Speech-Language Pathology & Audiology Services item O0400A (O0400A3A), Occupational Therapy item O0400B (O0400B3A), and Physical Therapy item O0400C (O0400C3A). These new items are meant to "capture the total number of co-treatment minutes for each therapy type," noted the Texas Department of Aging and Disability Services (DADS) in a Sept. 25 analysis of the RAI manual changes.

Important: And the manual updates add the new Item O0420 □ Distinct Calendar Days of Therapy to capture the actual number of calendar days in which therapy was provided in the seven-day look-back period, DADS said.

"Item O0420 ... was added to conform to the new RUG calculation methodology announced in the SNF Final Rule," noted MDS consultant Judy Wilhide Brandt, BA, RN, RAC-MT, in a recent summary and commentary for Washington, DC-based Leading Age. "In order to obtain a Rehab Medium or Rehab Low RUG, the qualifying days are no longer treatment days, but distinct calendar days."

Pay attention: For Dates of Therapy, the manual "clarifies that when an End of Therapy with Resumption (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," DADS explained. The manual removes the reference to Resumption of Therapy Date (O0450B) and adds an example to illustrate these changes.

How to Properly Code Item O0420

To code Item O0420, you'll enter the number of calendar days that the resident received therapy services for at least 15 minutes in the look-back period (the past seven days). This will include any type of therapy services covered in this section □ speech-language pathology and audiology, occupational therapy, and physical therapy services.

Caveat: "If a resident receives more than one therapy discipline on a given day, this may only count for one calendar day for purposes of coding Item O0420," the revised manual states.

Example: Mr. Smith received 45 minutes of physical therapy on Tuesday, Wednesday and Friday during the seven-day look-back period. He also received 60 minutes of occupational therapy on Monday and Friday during that period. In this case, you would code O0420 as "4" because the resident received □ at least 15 minutes of therapy services on four distinct

days during the look-back period: Monday, Tuesday, Wednesday, and Friday.

The revised MDS also gives the following example:

Mr. F received 120 minutes of physical therapy on Monday, Wednesday and Friday within the seven-day look-back period. Mr. F also received 90 minutes of occupational therapy on Monday, Wednesday and Friday during the look-back period. Finally, Mr. F received 60 minutes of speech-language pathology services on Monday and Friday.

Do this: In this example, you would code Item O0420 as "3," because he received therapy services for at least 15 minutes on three distinct calendar days during the seven-day look-back period (i.e., Monday, Wednesday, and Friday).

What to Expect in the Transition

Like some other RAI manual changes, the transition for Section O coding changes will ultimately hinge on the assessment reference date (ARD). If your ARD is on or after Oct. 1, 2013, you must code Item O0420 with the number of distinct calendar days that the resident received therapy services, the Centers for Medicare & Medicaid Services (CMS) instructs in a recently released transition document. This would encompass the amount of therapy that a resident received during the assessment look-back period.

Likewise: For all assessments with an ARD on or after Oct. 1, 2013, but where the assessment look-back period for therapy includes days prior to Oct. 1, you must record on the assessment co-treatment sessions delivered by a given therapy discipline, within Items O0400A3A, O0400B3A, and O0400C3A, CMS instructs.

CMS is also specifying the fiscal year (FY) 2014 transition RUG. For all assessments with an ARD before Oct. 1, CMS will not produce an FY 2014 transition RUG. "Providers should bill all days of service associated with that assessment using the FY 2013 RUG provided by that assessment in Item Z0100A or Z0150A, even if some of those days of service are on or after Oct. 1," CMS states.

CMS also will no longer produce an FY 2013 transition RUG for all assessments with an ARD date after Oct. 1.

But for all assessments with an ARD on Oct. 1 through Oct. 13, CMS will produce an FY 2013 transition RUG. This is true when the total days of therapy in Items O0400A4, O0400B4, and O0400C4 will be used for RUG classification, according to CMS.

Why? "This should produce an FY 2013 RUG exactly equivalent to that for an assessment with an ARD date before Oct. 1," CMS explains. "This FY 2013 transition RUG should be used to bill any days of service before Oct. 1 which are associated with that assessment."

Remember: Because you're coding all co-treatment minutes in the mode of delivery (individual, concurrent, or group) for Item O0400, "this block is not a RUG calculator field," Brandt wrote. "It is simply a breakout of how many minutes listed on the MDS were provided via co-treatment."