

MDS Alert

You're Not Done Yet: Section O Gets A Few Key Updates

CMS adds lots of text in instructions for flu vaccine coding.

Just in case you were lacking care planning-related information on your residents and flu vaccinations, the **Centers for Medicare & Medicaid Services** (CMS) has made sure that the RAI Manual v1.12 has plenty of details for you. And this major revision to the manual for Item O0250 is just one of the changes you'll need to understand in Section O □ Special Treatments, Procedures, and Programs.

Get More Specifics on Ventilator/Respirator Instructions

Under Item O0100 □ Special Treatments, Procedures, and Programs, CMS added the following language in the description for O0100F □ Ventilator or respirator (page O-3):

"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. Residents receiving closed-system ventilation includes those residents receiving ventilation via an endotracheal tube (e.g., nasally or orally intubated) as well as those residents with a tracheostomy. 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."

Also for Item O0100, CMS revised the URL for the National Drug Code Directory to:

www.fda.gov/drugs/informationdrugs/ucm142438.htm.

Know When to Skip This Section O Item

For Item O0400 □ Therapies, CMS revised one of the bullet points under "Coding Instructions for Speech-Language Pathology and Audiology Services and Occupational and Physical Therapies" (page O-18):

"Co-treatment minutes □ Enter the total number of minutes each discipline of therapy was administered to the resident in co-treatment sessions in the last 7 days. Skip the item if none were provided."

Read the New Info on Flu Vaccinations

Perhaps in fear of not including enough detailed information about the flu vaccine, CMS made significant additions to the "Planning for Care" section under Item O0250 □ Influenza Vaccine (pages O-6 through O-9):

- "A vaccine, like any other medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.
- Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so individuals cannot get influenza from the vaccine.

- Mild problems: soreness, redness or swelling where the shot was given; hoarseness; sore, red or itchy eyes; cough; fever; aches; headache; itching; and/or fatigue. If these problems occur, they usually begin soon after the shot and last 1-2 days.

- Severe problems:

o Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.

o In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barre Syndrome (GBS). Since then, influenza vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current influenza vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

- People who are moderately or severely ill should usually wait until they recover before getting the influenza vaccine. People with mild illness can usually get the vaccine.
- Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.
- The safety of vaccines is always being monitored. For more information, visit: Vaccine Safety Monitoring and Vaccine Safety Activities of the CDC: www.cdc.gov/vaccinesafety/vaccine_monitoring/.

Also for Item O0250, CMS added four bullet points under "Coding Tips and Special Populations" (page O-8):

- "Once the influenza vaccination has been administered to a resident for the current influenza season, this value is carried forward until the new influenza season begins.
- "Influenza can occur at any time, but most influenza occurs from October through May. However, residents should be immunized as soon as the vaccine becomes available and continue until influenza is no longer circulating in your geographic area."
- "The annual supply of inactivated influenza vaccine and the timing of its distribution cannot be guaranteed in any year. Therefore, in the event that a declared influenza vaccine shortage occurs in your geographical area, residents should still be vaccinated once the facility receives the influenza vaccine.
- "A 'high dose' inactivated influenza vaccine is available for people 65 years of age and older. Consult with the resident's primary care physician (or nurse practitioner) to determine if this high dose is appropriate for the resident."