



Home Health Virtual Training Program – Part 1

Section O. Special Treatments, Procedures, and Programs

Therese Rodda
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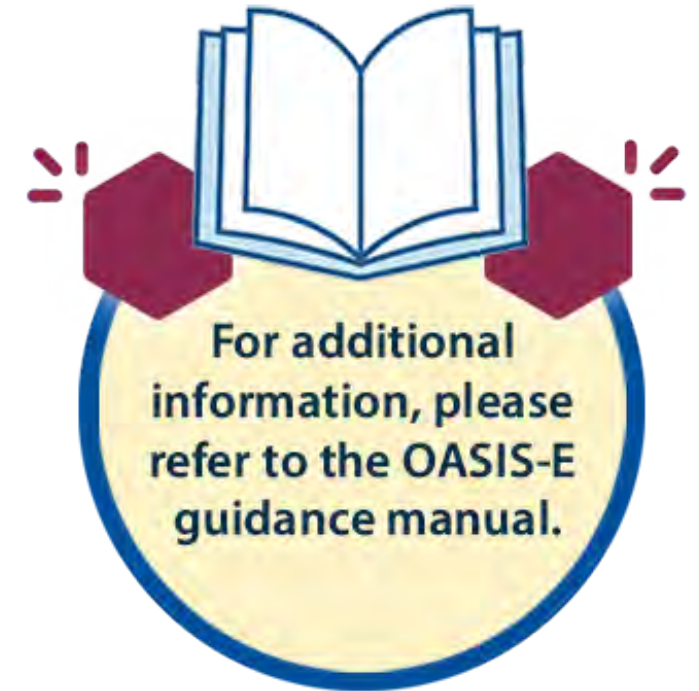
Objectives

- Identify the item organization and the new standardized data element added to the Outcome and Assessment Information Set (OASIS) Version E in Section O.
- Describe the intent, data sources, and coding instructions for the new Section O item.



Section O: Overview

- OASIS items included:
 - **M1041. Influenza Vaccine Collection Period.**
 - **M1046. Influenza Vaccine Received.**
 - **M2200. Therapy Need.**
 - No longer collected at follow-up.
- OASIS items removed:
 - **M1051. Pneumococcal Vaccine.**
 - **M1056. Reason Pneumococcal Vaccine not received.**



Section O: Overview (cont.)



- **O0110. Special Treatments, Procedures, and Programs**
 - *New* post-acute care (PAC) standardized assessment item for OASIS-E.

00110

Special Treatments, Procedures, and Programs

O0110: Item Intent and Item Rationale

Item Intent

- The intent of the items in this section is to identify any special treatments, procedures, and programs that apply to the patient.

Item Rationale

- The treatments, procedures, and programs listed can have a profound effect on an individual's health status, self-image, dignity, and quality of life.



O0110. Special Treatments, Procedures, and Programs

O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply on admission.	a. On Admission Check all that apply ↓
Cancer Treatments	
A1. Chemotherapy	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>
A10. Other	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>
Respiratory Therapies	
C1. Oxygen Therapy	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>
D3. As Needed	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>
	Other
	H1. IV Medications
	H2. Vasoactive medications
	H3. Antibiotics
	H4. Anticoagulation
	H10. Other
	I1. Transfusions
	J1. Dialysis
	J2. Hemodialysis
	J3. Peritoneal dialysis
	O1. IV Access
	O2. Peripheral
	O3. Mid-line
	O4. Central (e.g., PICC, tunneled, port)
	None of the Above
	Z1. None of the Above



O0110: Data Sources

Review

- Patient's clinical record.

Consult

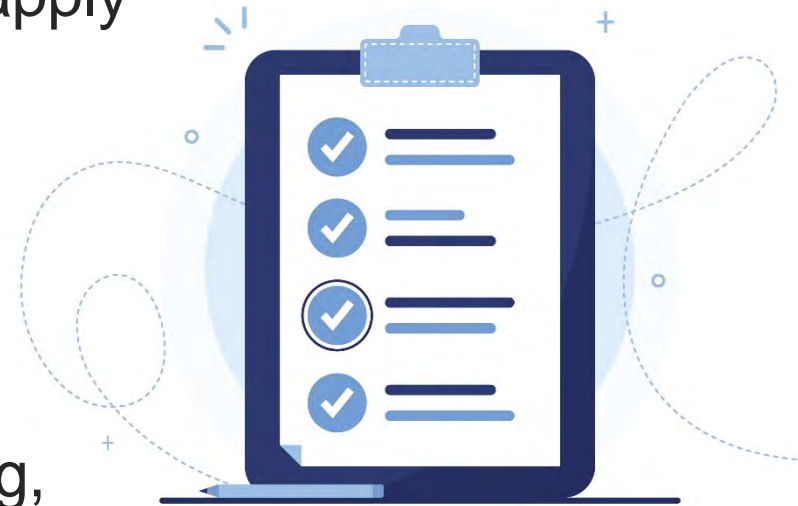
- Patient, family, caregiver(s), and/or staff.

Determine

- Whether or not any of the treatments, procedures, or programs apply.
 - During the time period under consideration for the Start of Care/Resumption of Care (SOC/ROC) assessment.
 - During the time period under consideration for the DC assessment.

00110: Response-Specific Instructions

- **Check** all treatments, programs, and procedures that apply and are:
 - Part of the patient's current care/treatment plan.
 - Performed by others, the patient independently, or after setup by agency staff or family/caregivers.
 - Performed in the patient's home or in another setting, such as a dialysis center.
- **Check** if the patient is undergoing treatment at the time of assessment.
 - **A1. Chemotherapy, B1. Radiation, and J1. Dialysis.**



O0110: Response-Specific Instructions (cont. 1)

- Do **not** check:
 - Services provided solely in conjunction with a surgical procedure or diagnostic procedure, such as IV medications. Surgical procedures include routine pre- and post-operative procedures.

O0110A1. Chemotherapy – Coding Instructions

- **O0110A1. Chemotherapy**
 - Check if any type of chemotherapy medication is administered as an antineoplastic for cancer treatment given by any route in this item.
- **O0110A2. IV**
 - Check if chemotherapy is administered intravenously.
- **O0100A3. Oral**
 - Check if chemotherapy was administered orally (e.g., pills, capsules, or liquids the patient swallows).
 - Also applies if the chemotherapy is administered through a feeding tube/percutaneous endoscopic gastrostomy (PEG) (i.e., enterally).



O0110A1. Chemotherapy – Coding Instructions (cont. 1)

- **O0100A10. Other**
 - Check if chemotherapy was given in a way other than intravenously or orally (e.g., intramuscular, intraventricular/intrathecal, intraperitoneal, or topical routes).



O0110B1. Radiation – Coding Instructions

- **Code O0110B1. Radiation**
 - Check if radiation is administered intermittently or via radiation implant in this item.



O0110C1. Oxygen Therapy – Coding Instructions

- **O0110C1. Oxygen Therapy**
 - Check if continuous or intermittent oxygen is used via mask, cannula etc., including in Bi-level Positive Airway Pressure/Continuous Positive Airway Pressure (BiPAP/CPAP).
 - Do **not** include hyperbaric oxygen for wound therapy in this item.



O0110C1. Oxygen Therapy – Coding Instructions (cont. 1)

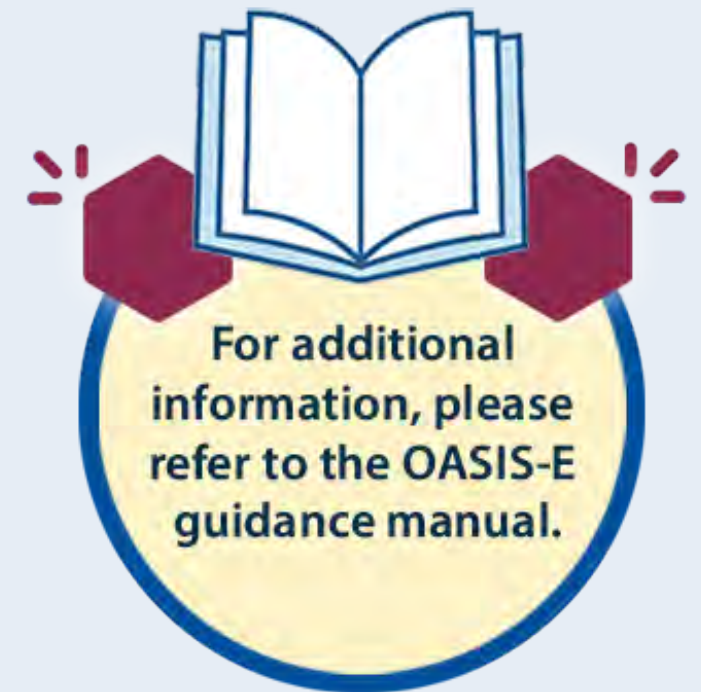
- **O0110C2. Continuous**
 - Check if oxygen therapy was continuously delivered for greater than/equal to 14 hours per day.
- **O0110C3. Intermittent**
 - Check if oxygen therapy was intermittent (i.e., not delivered continuously for at least 14 hours per day).



O0110C1. Oxygen Therapy – Coding Instructions (cont. 2)

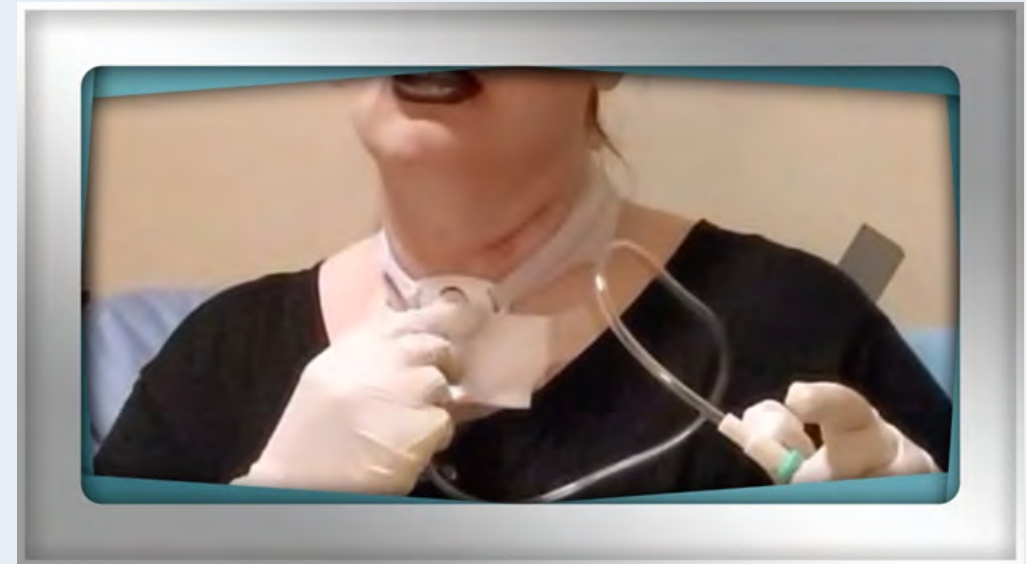
- **O0110C4. High-Concentration**

- A high-concentration oxygen delivery system is one that delivers oxygen at a concentration that exceeds a fraction of inspired oxygen (FiO₂) of 40%.
- Can include either high- or low-flow.
- Devices may also include invasive mechanical ventilators, non-invasive mechanical ventilators, and tracheostomy masks if the delivered FiO₂ of these systems exceeds 40%.
- Oxygen-conserving nasal cannula systems with reservoirs should be included only if they are used to deliver a FiO₂ greater than 40%.



O0110D1. Suctioning – Coding Instructions

- **O0110D1. Suctioning**
 - Code only tracheal and/or nasopharyngeal suctioning in this item.
 - If the patient performs their own tracheal and/or nasopharyngeal suctioning, this item may also be checked.
- **Do not include oral suctioning here.**



O0110D1. Suctioning – Coding Instructions (cont. 1)

- **O0110D2. Scheduled**

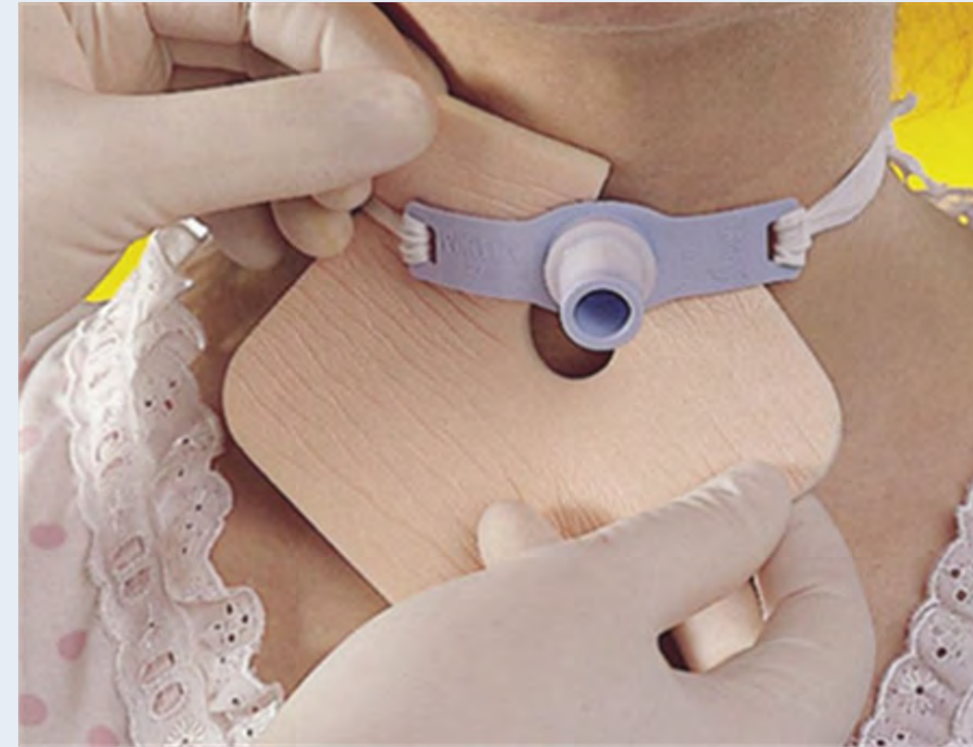
- Check if suctioning was scheduled. Scheduled suctioning is performed when the patient is assessed to clinically benefit from regular interventions, such as every hour. Scheduled suctioning applies to medical orders for performing suctioning at specific intervals and/or implementation of agency-based clinical standards, protocols, and guidelines.

- **O0110D3. As needed**

- Check if suctioning was performed on an as-needed basis, as opposed to regular scheduled intervals, such as when secretions become so prominent that gurgling or choking is noted or a sudden desaturation occurs from a mucus plug.

O0110D1. Tracheostomy Care – Coding Instructions

- **O0110E1. Tracheostomy care**
 - Check if cleansing of the tracheostomy and/or cannula is performed.
 - This item may also be checked if the patient performs their own tracheostomy care or receives assistance.



O0110F1. Invasive Mechanical Ventilator – Coding Instructions

- **O0110F1. Invasive Mechanical Ventilator (ventilator or respirator)**
 - Check if any type of electrically or pneumatically powered closed-system mechanical ventilator support device is used that ensures adequate ventilation in the patient who is or who may become (such as during weaning attempts) **unable to support their own respiration.**



O0110G1. Non-invasive Mechanical Ventilator – Coding Instructions

- **O0110G1. Non-Invasive Mechanical Ventilator**
 - The BiPAP/CPAP mask/device enables the individual to support their own spontaneous respiration.
 - Check if any type of respiratory support device is used that prevents airways from closing by delivering slightly pressurized air through a mask or other device continuously or via electronic cycling throughout the breathing cycle.
 - This item may be checked if the patient places or removes their own BiPAP/CPAP mask/device or if the family/caregiver applies it for the patient.
 - Check **G2. BiPAP** or **G3. CPAP** as appropriate.



O0110H1. IV Medications – Coding Instructions

- **O0110H1. IV Medications**

- Check if:

- Any medication or biological is given by IV push, epidural pump, or drip through a central or peripheral port in this item.
 - Epidural, intrathecal, and baclofen pumps are used as they are similar to IV medications, involve the continuous administration of a substance, and must be monitored frequently.

- Do **not** include:

- Flushes to keep an IV access port patent or IV fluids without medication.
 - Subcutaneous pumps or IV medications administered during dialysis or chemotherapy.
 - Dextrose 50% and/or Lactated Ringers given IV are not considered medications.

O0110H1. IV Medications – Coding Instructions (cont.)

- **O0110H2. Vasoactive medications**
 - Check when at least one of the IV medications was a vasoactive medication.
- **O0110H3. Antibiotics**
 - Check when at least one of the IV medications was an antibiotic.
- **O0110H4. Anticoagulation**
 - Check when at least one of the IV medications was an IV anticoagulant. Do not include subcutaneous administration of anticoagulant medications.
- **O0110H10. Other**
 - Check when at least one of the IV medications was not an IV vasoactive medication, IV antibiotic, or IV anticoagulant. Examples include IV analgesics (e.g., morphine) and IV diuretics (e.g., furosemide).



O0110I1. Transfusions – Coding Instructions

- Check if any blood or any blood products (e.g., platelets, synthetic blood products) are administered directly into the bloodstream in this item.
- Do **not** include transfusions that were administered during dialysis or chemotherapy.



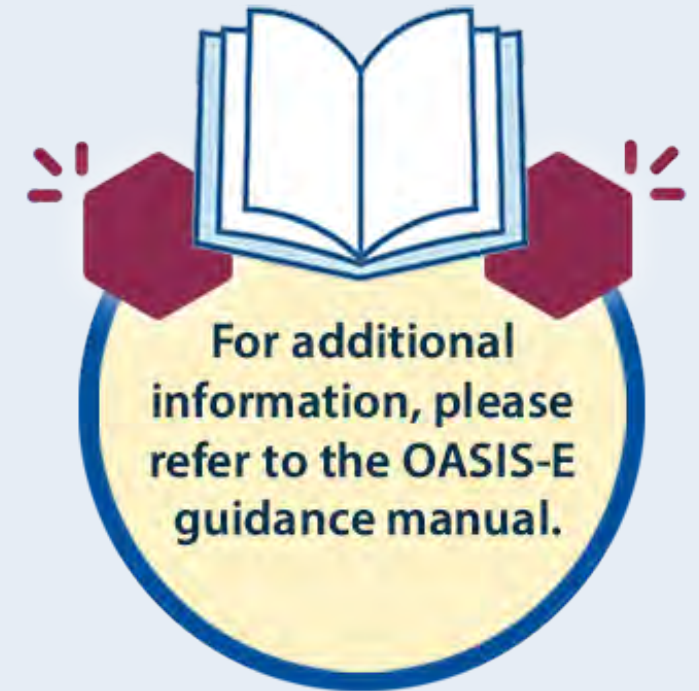
O0110J1. Dialysis – Coding Instructions

- Check if peritoneal or renal dialysis occurs in the home or at a facility.
- IV medication and blood transfusions administered during dialysis are considered part of the dialysis procedure and are not to be coded under items K0520A. Parenteral/IV feeding, O0110H1. IV medications, or O0110I1. Transfusions.
- This item is also checked if the patient performs their own dialysis.
- Check **O0110J2. Hemodialysis** or **O0110J3. Peritoneal dialysis**, as appropriate.



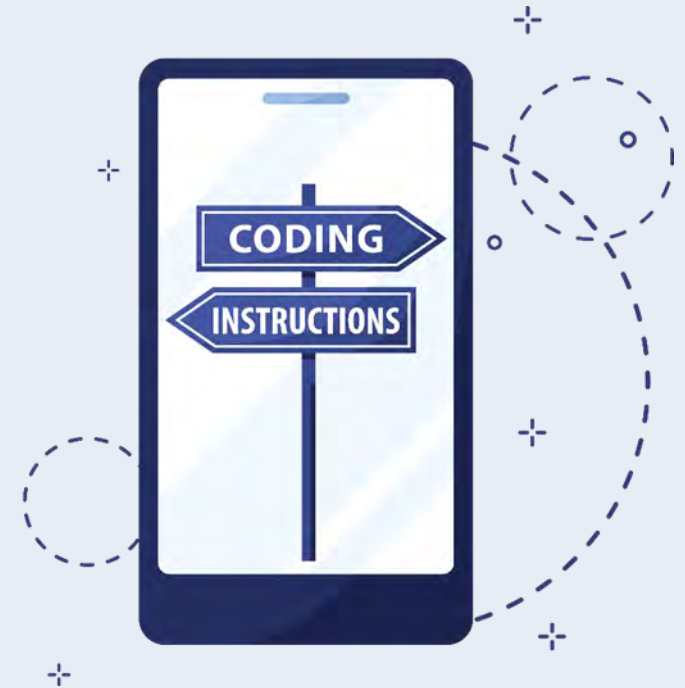
0011001. IV Access – Coding Instructions

- Check IV access when a catheter is inserted into a vein for a variety of clinical reasons.
 - **0011002. Peripheral**
 - Check when IV access was peripheral access and remains peripheral.
 - **0011003. Midline**
 - Check when IV access was midline access.
 - **0011004. Central (e.g., PICC, tunneled, port)**
 - Check when IV access was centrally located.



O0110: Coding Instructions

- **Code O0110Z1. None of the above**, if none of the above treatments, procedures, or programs apply.
- **Dash** is a valid response for this item.
 - Dash indicates “no information.” CMS expects dash use to be a rare occurrence.



Summary



- Learned about the organization of assessment items in Section O of OASIS-E.
- Discussed the new standardized data element added to OASIS-E in Section O:
 - O0110 Special Treatment, Procedures and Programs.
- Reviewed the data sources and coding instructions for the new assessment item.

Submitting Questions

- If you have questions about this presentation, please submit them to PACTraining@EconometricalInc.com by August 31, 2022.
- Select questions will be answered in a Q&A session during the September 2022 virtual live event.

