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3	O0400	O-16	<ul style="list-style-type: none"> <li>• <b>Group minutes</b>—Enter the total number of minutes of therapy that were provided in a group in the last 7 days. <b>Enter 0</b> if none were provided. Group therapy is defined for Part A as the treatment of <del>2 to</del> 4 residents, regardless of payer source, who are performing the same or similar activities, and are supervised by a therapist or an assistant who is not supervising any other individuals. For Medicare Part B, treatment of two patients (or more), regardless of payer source, at the same time is documented as group treatment. For all other payers, follow Medicare Part A instructions.</li> </ul>
3	O0400	O-16	<ul style="list-style-type: none"> <li>• <b>Therapy Start Date</b>—Record the date the most recent therapy regimen (since the most recent entry) started. This is the date the initial therapy evaluation is conducted regardless if treatment was rendered or not: <b>or the date of resumption (O0450B) on the resident's EOT OMRA, in cases where the resident discontinued and then resumed therapy.</b></li> </ul>
3	O0400	O-19	<ul style="list-style-type: none"> <li>• Record <del>only</del> the actual minutes of therapy. <b>Do not round therapy minutes (e.g., reporting) to the nearest 5th minute.</b> The conversion of units to minutes or minutes to units is not appropriate. <del>Do not round to the nearest 5th minute.</del> Please note that therapy logs are not an MDS requirement but reflect a standard clinical practice expected of all therapy professionals. These therapy logs may be used to verify the provision of therapy services in accordance with the plan of care and to validate information reported on the MDS assessment.</li> <li>• <del>Minutes</del> <b>When therapy is provided staff need to document the different modes of therapy and set up minutes that are being included on the MDS. It is important to keep records of time included for each. When submitting a part B claim, minutes reported on the MDS may not match the time reported on a claim. For example, therapy aide set-up time is recorded on the MDS when it precedes skilled therapy; however, the therapy aide set-up time is not included for billing purposes on a therapy Part B claim.</b></li> </ul>
3	O0400	O-19	<p><b>Non-Skilled Services</b></p> <ul style="list-style-type: none"> <li>• Nursing homes may elect to have licensed</li> </ul>

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			<p>professionals perform repetitive exercises and other maintenance treatments or to supervise aides performing these maintenance services. In these situations, the services shall <b>not</b> be coded as therapy in item O0400 <b>Minutes</b>, since the specific interventions would be considered restorative nursing care when performed by nurses or aides. <del>Therapeutic services</del> <b>Services</b> provided by <del>specialists</del> <b>therapists</b>, licensed or not, that are not specifically listed in this manual or on the MDS item set shall <b>not</b> be coded as therapy in Item 0400. These services should be documented in the resident's medical record.</p>
3	O0400	O-20	<p><b>Co-treatment</b></p> <p><b>For Part A:</b>  When two clinicians, each from a different discipline, treat one resident at the same time, <del>the clinicians must split the time between the two</del> (with different treatments), both disciplines as they deem appropriate. <del>Each discipline may not count</del> code the treatment session in full, <del>and</del>. All policies regarding mode, modalities and student supervision must be followed. The decision to co-treat should be made on a case by case basis and the need for co-treatment should be well documented for each patient.</p> <p><b>For Part B:</b>  Therapists, or therapy assistants, working together as a "team" to treat one or more patients <b>cannot</b> each bill separately for the same or different service provided at the same time to the same patient.</p> <p>CPT codes are used for billing the services of one therapist or therapy assistant. The therapist cannot bill for his/her services and those of another therapist or a therapy assistant, when both provide the same or different services, at the same time, to the same patient(s). Where a physical and occupational therapist both provide services to one patient at the same time, only one therapist can bill for the entire service or the PT and OT can divide the service units. For example, a PT and an OT work together for 30 minutes with one patient on transfer activities. The PT and OT could each bill one unit of 97530. Alternatively, the 2 units of 97530 could be billed by either the PT or the OT, but not both.</p>

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			<p>Similarly, if two therapy assistants provide services to the same patient at the same time, only the service of one therapy assistant can be billed by the supervising therapist or the service units can be split between the two disciplines; when added together, may not exceed the actual total amount of the treatment session. therapy assistants and billed by the supervising therapist(s).</p>
3	O0400	O-20 & O-22	<p><b><u>Therapy Aides</u></b></p> <p>Therapy Aides cannot provide skilled services. Only the time a therapy aide spends on set-up preceding skilled therapy may be coded on the MDS (e.g., set up the treatment area for wound therapy) and should be coded under the appropriate mode for the skilled therapy (individual, concurrent, or group) in O0400. The therapy aide must be under direct supervision of the therapist or assistant (i.e., the therapist/assistant must be in the facility and immediately available).</p>
3	O0400	O-21	<p><b><u>Therapy Students</u></b></p> <p>Medicare Part A—Therapy students are not required to be in line-of-sight of the professional supervising therapist/assistant (<b>Federal Register</b>, July 29, 2011). therapist/assistant (<b>Federal Register</b>, August 8, 2011). Within individual facilities, supervising therapists/assistants must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision. Additionally all state and professional practice guidelines for student supervision must be followed.</p> <p>Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the provision of therapy. All time that the student spends with patients should be documented.</p>
3	O0400	O-21	<p><b><u>Modes of Therapy</u></b></p> <p>A resident may receive therapy via different modes during the same day or even treatment session. The When developing the plan of care, 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. The therapist and assistant should document the reason a specific mode of therapy was chosen as well as</p>

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			<p><b>anticipated goals for that mode of therapy.</b> For any therapy that does not meet one of the therapy mode definitions below, those minutes may not be counted on the MDS. <b>(Please also see the section on group therapy for limited exceptions related to group size.)</b> The therapy mode definitions must always be followed and apply regardless of when the therapy is provided in relationship to all assessment windows (i.e., applies whether or not the resident is in a look back period for an MDS assessment).</p>
3	O0400	O-22	<p><b>Example:</b></p> <ul style="list-style-type: none"> <li>A speech therapy graduate student treats Mr. A for 30 minutes. Mr. A.'s therapy is covered under the Medicare Part A benefit. The supervising speech-language pathologist is not treating any patients at this time but is not in the room with the student or Mr. A. Mr. A.'s therapy may be coded as 30 minutes of individual therapy on the MDS .</li> </ul>
3	O0400	O-22	<p><b><u>Concurrent Therapy</u></b></p> <ul style="list-style-type: none"> <li><b>NOTE:</b> The minutes being coded on the MDS are unadjusted minutes, meaning, the minutes are coded in the MDS as the full time spent in therapy; however, the software grouper will allocate the minutes appropriately. In the case of concurrent therapy, the minutes will be divided by 2.</li> </ul> <p>When a therapy student is involved with the treatment, and one of the following occurs, the minutes may be coded as concurrent therapy:</p> <ul style="list-style-type: none"> <li>The therapy student is treating one resident and the supervising therapist/assistant is treating another resident; and both residents are in line of sight of the therapist/assistant or student providing their therapy.; or</li> <li>The therapy student is treating 2 residents, <b>regardless of payer source</b>, both of whom are in line-of-sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals; or</li> </ul>
3	O0400	O-23	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>A physical therapist provides therapies that are not the same or similar, to Mrs. Q and Mrs. R at the same time, for 30 minutes. Mrs. Q's <b>Q's</b> stay is covered under the</li> </ul>

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			Medicare SNF PPS Part A benefit. Mrs. R. is paying privately for therapy. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:
3	O0400	O-23	<ul style="list-style-type: none"> <li>An Occupational Therapist provides therapy to Mr. K. for 60 minutes. An occupational therapy graduate student <b>who is supervised by the occupational therapist,</b> is treating Mr. R. at the same time for the same 60 minutes but Mr. K. and Mr. R. are not doing the same or similar activities. Both Mr. K. and Mr. R.'s stays are covered under the Medicare Part A benefit. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows: <ul style="list-style-type: none"> <li>— Mr. K. received concurrent therapy for <del>30</del><b>60</b> minutes.</li> <li>— Mr. R. received concurrent therapy for <del>30</del><b>60</b> minutes.</li> </ul> </li> </ul>
3	O0400	O-24	<p><b><u>Group Therapy</u></b></p> <ul style="list-style-type: none"> <li><b>NOTE: The minutes being coded on the MDS are unadjusted minutes, meaning, the minutes are coded in the MDS as the full time spent in therapy; however, the software grouper will allocate the minutes appropriately. In the case of group therapy, the minutes will be divided by 4.</b></li> </ul> <p>The supervising therapist/assistant is providing the group treatment and the therapy student is not providing treatment to any resident. <b>In this case, the student is simply assisting the supervising therapist.</b></p>
3	O0400	O-24	<p><b>Medicare Part B</b></p> <p>The therapy student is providing group treatment and the supervising therapist/assistant is <del>present and in the room</del> <b>and is not engaged in any other activity or treatment; or</b></p>
3	O0400	O-24	<p>Examples:</p> <ol style="list-style-type: none"> <li>A Physical Therapist provides similar therapies to Mr. <b>W, Mr. X,</b> Mrs. Y. and Mr. Z. at the same time, for 30 minutes. Mr. <b>W. and Mr. X.</b>'s <del>stay is</del> <b>stays are</b> covered under the Medicare SNF PPS Part A benefit. Mrs. Y.'s therapy is covered under Medicare Part B, and Mr. Z has private insurance paying for therapy. Based on the information above, the therapist would code</li> </ol>

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			<p>each individual's MDS for this day of treatment as follows:</p> <p>— Mr W. received group therapy for 30 minutes.</p>
3	O0400	O-25	<p>3. Mr. A. and Mr. B., whose stays are covered by Medicare Part A, begin working with a physical therapist on two different therapy interventions. After 30 minutes, Mr. A. and Mr. B are joined by Mr. T. and Mr. E., whose stays are also covered by Medicare Part A., and the therapist begins working with all of them on the same therapy goals as part of a group session. After 15 minutes in this group session, Mr. A. becomes ill and is forced to leave the group, while the therapist continues working with the remaining group members for an additional 15 minutes. Based on the information above, the therapist would code each individual's MDS for this day of treatment as follows:</p> <ul style="list-style-type: none"> <li>• Mr. A. received concurrent therapy for 30 minutes and group therapy for 15 minutes.</li> <li>• Mr. B. received concurrent therapy for 30 minutes and group therapy for 30 minutes.</li> <li>• Mr. T. received group therapy for 30 minutes.</li> <li>• Mr. E. received group therapy for 30 minutes.</li> </ul>
3	O0400	O-25	<p><b>Therapy Modalities</b></p> <p>Only skilled therapy time (i.e., require the skills, knowledge and judgment of a qualified therapist and all the requirements for skilled therapy are met, see page O-17) shall be recorded on the MDS. In some instances, the time a resident receives certain modalities is partly skilled and partly unskilled time; only the time that is skilled may be recorded on the MDS. For example, a resident is receiving TENS (transcutaneous electrical nerve stimulation) for pain management. The portion of the treatment that is skilled, such as proper electrode placement, establishing proper pulse frequency and duration, and determining appropriate stimulation mode, shall be recorded on the MDS. In other instances, some modalities only meet the requirements of skilled therapy in certain situations. For example, the application of a hot pack is often not a skilled intervention. However, when the resident's condition is complicated and the skills, knowledge, and judgment of the therapist are</p>

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			required for treatment, then those minutes associated with skilled therapy time may be recorded on the MDS. The use and rationale for all therapy modalities, whether skilled or unskilled should always be documented as part of the patient's plan of care.
3	O0400	O-26	<p>For example, Mr. N. was admitted to the nursing home following a fall that resulted in a hip fracture in November 2010. 2011. Occupational and Physical therapy started December 3, 2010. 2011. His physical therapy ended January 27, 2011. 2012 and occupational therapy ended February 11, 2011. January 29, 2012. Later on during his stay at the nursing home, due to the progressive nature of his Parkinson's disease, he was referred to SLP and OT May 18, 2011. February 10, 2012 (he remained in the facility the entire time). The speech-language pathologist evaluated him on that day and the occupational therapist evaluated him the next day. The ARD for Mr. N.'s MDS assessment is May 30, 2011. February 28, 2012. Coding values for his MDS are:</p> <ul style="list-style-type: none"> <li>• Item O0400A5 (SLP start date) is 05182011. 02102012,</li> <li>• O0400A6 (SLP end date) is dash filled,</li> <li>• O0400B5 (OT start date) is 05192011. 02112012,</li> <li>• O0400B6 (OT end date) is dash filled,</li> <li>• O0400C5 (PT start date) is 12032010. 12032011, and</li> <li>• O0400C6 (PT end date) is 01272011. 01272012.</li> </ul> <p>NOTE: When an EOT-R is completed, the Therapy start date (O0400A5, O0400B5, and O0400C5) on the next PPS assessment is the date of the Resumption of therapy on the EOT-R (O0450B). If therapy is ongoing, the Therapy end date (O0400A6, O0400B6, and O0400C6) would be filled out with dashes.</p>
3	O0400	O-26	<p><b>General Coding Example:</b></p> <p>Following a stroke, Mrs. F. was admitted to the skilled nursing facility in stable condition for rehabilitation therapy on 10/06/11 under Part A skilled nursing facility coverage. She had slurred speech, difficulty swallowing, severe weakness in both her right upper and lower extremities, and a Stage III pressure ulcer on her left lateral malleolus. She was referred to SLP, OT, and PT with the long-term goal of returning home with her daughter and</p>

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			<p>son-in-law. Her initial SLP evaluation was performed on 10/06/40<sup>11</sup>, the PT initial evaluation on 10/07/40<sup>11</sup>, and the OT initial evaluation on 10/09/40<sup>11</sup>. She was also referred to recreational therapy and respiratory therapy. The interdisciplinary team determined that 10/17/40<sup>19/11</sup> was an appropriate ARD for her Medicare-required 14-day MDS. During the look-back period she received the following:</p> <p>Coding:</p> <p>O0400A1 would be coded 190; O0400A2 would be coded 70; O0400A3 would be coded 75; O0400A4 would be coded 5; O0400A5 would be coded 40062010<sup>10062011</sup>; and O0400A6 would be coded with dashes.</p>
3	O0400	O-27	<p>Rationale:</p> <p>Individual minutes totaled 190 over the 7-day look-back period <math>[(30 \times 5) + (20 \times 2) = 190]</math>; concurrent minutes totaled 70 over the 7-day look-back period <math>(35 \times 2 = 70)</math>; and group minutes totaled 75 over the 7-day look-back period <math>(25 \times 3 = 75)</math>. Therapy was provided 5 out of the 7 days of the look-back period. Date speech-language pathology services began was 10-06 2010<sup>2011</sup>, and dashes were used as the therapy end date value because the therapy was ongoing.</p> <p>Occupational therapy services that were provided over the 7-day look-back period:</p> <ul style="list-style-type: none"> <li>Individual sitting balance activities; Monday and Wednesday for 30-minute co-treatment sessions with PT each day (OT and PT split the sessions each code the session as 30 minutes for each discipline), with OT recording 20 minutes each session and PT recording 10 minutes each session).</li> </ul>
3	O0400	O-27	<p>Coding:</p> <p>O0400B1 would be coded 93<sup>113</sup>, O0400B2 would be coded 0, O0400B3 would be coded 80, O0400B4 would be coded 5, O0400B5 would be coded 40092010<sup>10092011</sup>, and O0400B6 would be coded with dashes.</p>
3	O0400	O-27	<p>Rationale:</p> <p>Individual minutes totaled 93<sup>113</sup> over the 7-day look-back</p>



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			period $[(20 \times 30) \times 2] + 23 + 18 + 12 = 93$ [113]; concurrent minutes totaled 0 over the 7-day look-back period $(0 \times 0 = 0)$ ; and group minutes totaled 80 over the 7-day look-back period $(20 \times 4 = 80)$ . Therapy was provided 5 out of the 7 days of the look-back period. Date occupational therapy services began was 10-09 2008, and 2011 and dashes were used as the therapy end date value because the therapy was ongoing.
3	O0400	O-27	<ul style="list-style-type: none"> <li>Individual sitting balance activities; on Monday and Wednesday for 30-minute co-treatment sessions with OT (OT and PT each code the session as 30 minutes for each discipline split the sessions, with OT recording 20 minutes each session and PT recording 10 minutes each session).</li> </ul>
3	O0400	O-28	<p>Coding: O0400C1 would be coded 247287, O0400C2 would be coded 100, O0400C3 would be coded 0, O0400C4 would be coded 5, O0400C5 would be coded 4007201010072011, and O0400C6 would be coded with dashes.</p> <p>Rationale: Individual minutes totaled 247287 over the 7-day look-back period <math>[(40 \times 30) \times 2] + (35 \times 5) + (22 - 5) + 7 + (27 - 6) + 7 = 247287</math>; concurrent minutes totaled 100 over the 7-day look-back period <math>(20 \times 5 = 100)</math>; and group minutes totaled 0 over the 7-day look-back period <math>(0 \times 0 = 0)</math>. Therapy was provided 5 out of the 7 days of the look-back period. Date physical therapy services began was 10-07-20082011, and dashes were used as the therapy end date value because the therapy was ongoing.</p>
3	O0400	O-29	<p><u>Changes on screen shot:</u></p> <ul style="list-style-type: none"> <li>-- Changed Year from 2010 to 2011</li> <li>-- For O0400B Occupational Therapy, next to <b>1. Individual minutes</b>, changed <b>Enter Number of Minutes</b> from 93 to 113.</li> <li>-- For O0400C Physical Therapy, next to <b>1. Individual minutes</b>, changed <b>Enter Number of Minutes</b> from 247 to 287.</li> </ul>
3	O0450	O-30 & O-31	<b>O0450: Resumption of Therapy</b>

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			<div data-bbox="690 289 1461 436" data-label="Form"> <p><b>O0450. Resumption of Therapy</b> - Complete only if A0310C = 2 or 3 and A0310F = 99</p> <p>Enter Code <input type="checkbox"/></p> <p>A. Has a previous rehabilitation therapy regimen (speech, occupational, and/or physical therapy) ended, as reported on this End of Therapy OMRA, and has this regimen now resumed at exactly the same level for each discipline?</p> <p>0. No → Skip to O0500, Restorative Nursing Programs</p> <p>1. Yes</p> <p>B. Date on which therapy regimen resumed:</p> <p>Month Day Year</p> </div> <p><b>Item Rationale</b></p> <p>In cases where therapy resumes after the EOT OMRA is performed and the resumption of therapy date is no more than 5 consecutive calendar days after the last day of therapy provided, and the therapy services have resumed at the same RUG-IV classification level that had been in effect prior to the EOT OMRA, an End of Therapy OMRA with Resumption (EOT-R) may be completed. The EOT-R reduces the number of assessments that need to be completed and reduces the number of interview items residents must answer.</p> <p><b>Coding Instructions:</b></p> <p>When an EOT OMRA has been performed, determine whether therapy will resume. If it will, determine whether therapy will resume no more than five consecutive calendar days after the last day of therapy was provided AND whether the therapy services will resume at the same RUG-IV classification level, if <b>no, skip to O0500</b>, Restorative Nursing Programs. If Yes, <b>code item O0450A as 1</b>. Determine when therapy will resume and code item <b>O0450B with the date</b> that therapy will resume. For example:</p> <ul style="list-style-type: none"> <li>Mrs. A. who was in RVL did not receive therapy on Saturday and Sunday because the facility did not provide weekend services and she missed therapy on Monday because of a doctor's appointment. She resumed therapy on Tuesday, November 13, 2011. The IDT determined that her RUG-IV therapy classification level did not change as she had not had any significant clinical changes during the lapsed therapy days. When the EOT was filled out, item <b>O0450 A was coded as 1</b> because therapy was resuming within 5 days from the last day of therapy and it was resuming at the same RUG-IV classification level. Item <b>O0450B was coded as 11132011</b> because therapy resumed on November 13, 2011.</li> </ul> <p><b>NOTE:</b> If the EOT OMRA has not been accepted in the</p>

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			<p>QIES ASAP when therapy resumes, code the EOT-R items (O0450A and O0450B) on the assessment and submit the record. If the EOT OMRA without the EOT-R items have been accepted into the QIES ASAP system, then submit a modification request for that EOT OMRA with the only changes being the completion of the Resumption of Therapy items (O0450A and O0450B) and check X0900E to indicate that the reason for modification is the addition of the Resumption of Therapy date.</p> <p>NOTE: When an EOT-R is completed, the Therapy start date (O0400A5, O0400B5, and O0400C5) on the <u>next</u> PPS assessment is the date of the Resumption of therapy on the EOT-R (O0450B). If therapy is ongoing, the Therapy end date (O0400A6, O0400B6, and O0400C6) would be filled out with dashes.</p>
3	O0600	O-39	<p><b>Coding Tips and Special Populations</b></p> <ul style="list-style-type: none"> <li>Includes medical doctors, doctors of osteopathy, podiatrists, dentists, and authorized physician assistants, nurse practitioners, or clinical nurse specialists working in collaboration with the physician as allowable by state law. <b>Cannot be an employee of the facility.</b></li> </ul>
3	O0700	O-40	<p><b>Coding Tips and Special Populations</b></p> <ul style="list-style-type: none"> <li>Includes orders written by medical doctors, doctors of osteopathy, podiatrists, dentists, and physician assistants, nurse practitioners, or clinical nurse specialists working in collaboration with the physician as allowable by state law. <b>Cannot be an employee of the facility.</b></li> </ul>