

Track Changes
from Chapter 3 Section O v1.15
to Chapter 3 Section O v1.16

Chapter	Section	Page	Change																																																									
3	O0100	O-1	<div><div>O0100. Special Treatments, Procedures, and Programs</div><div>Check all of the following treatments, procedures, and programs that were performed during the last 14 days</div><table><tr><td><div>1. While NOT a Resident</div><div>Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i>. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank</div><div>2. While a Resident</div><div>Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i></div></td><td><div>1. While NOT a Resident</div><div>↓ Check all that apply ↓</div></td><td><div>2. While a Resident</div></td></tr><tr><td colspan="3">Cancer Treatments</td></tr><tr><td>A. Chemotherapy</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>B. Radiation</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3">Respiratory Treatments</td></tr><tr><td>C. Oxygen therapy</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>D. Suctioning</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>E. Tracheostomy care</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>F. Invasive Mechanical Ventilator (ventilator or respirator)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3">Other</td></tr><tr><td>H. IV medications</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>I. Transfusions</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>J. Dialysis</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>K. Hospice care</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>L. Respite care</td><td></td><td><input type="checkbox"/></td></tr><tr><td>M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td colspan="3">None of the Above</td></tr><tr><td>Z. None of the above</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table></div>	<div>1. While NOT a Resident</div> <div>Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i>. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank</div> <div>2. While a Resident</div> <div>Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i></div>	<div>1. While NOT a Resident</div> <div>↓ Check all that apply ↓</div>	<div>2. While a Resident</div>	Cancer Treatments			A. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	B. Radiation	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Treatments			C. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	D. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	E. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>	F. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>	G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)	<input type="checkbox"/>	<input type="checkbox"/>	Other			H. IV medications	<input type="checkbox"/>	<input type="checkbox"/>	I. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	J. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	K. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>	L. Respite care		<input type="checkbox"/>	M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>	None of the Above			Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>
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3	O0100–O0700	O-2–O-45	Page length changed due to revised content on O-2–O-13.																																																									
3	O0100	O-2–O-3	<p>Code any type of chemotherapy agent administered as an antineoplastic given by any route in this item. Each medication drug should be evaluated to determine its reason for use before coding it here. The drugs Medications coded here are those actually used for cancer treatment. For example, megestrol acetate is classified as an antineoplastic drug. One of its side effects is appetite stimulation and weight gain. If megestrol acetate is being given only for appetite stimulation, do not code it as chemotherapy in this item, as the resident is not receiving the medication for chemotherapy purposes in this situation. Hormonal and other agents administered to prevent the recurrence or slow the growth of cancer should not be coded in this item, as they are not considered chemotherapy for the purpose of coding the MDS. IVs, IV medication, and blood transfusions administered during chemotherapy are not recorded under items K0510A (Parenteral/IV), O0100H (IV Medications), or O0100I (Transfusions).</p> <p>Example: Ms. J was diagnosed with estrogen receptor–positive breast cancer and was treated with chemotherapy and radiation. After her cancer treatment, Ms. J was prescribed tamoxifen (a selective estrogen receptor modulator) to decrease the risk of recurrence and/or decrease the growth rate of cancer cells. Since the hormonal agent is being administered to decrease the risk of cancer recurrence, it cannot be coded as chemotherapy.</p>																																																									

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3	O0100	O-3– O-4	<ul style="list-style-type: none"> O0100F, Invasive Mechanical Ventilator (V-ventilator or respirator) Code any type of electrically or pneumatically powered closed-system mechanical ventilator support devices that ensures adequate ventilation in the resident who is, or who may become (such as during weaning attempts), unable to support his or her own respiration in this item. During invasive mechanical ventilation the resident's breathing is controlled by the ventilator. 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 or tracheostomy. A resident who has been is being weaned off of a respirator or ventilator in the last 14 days, or is currently being weaned off a respirator or ventilator, 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. Example: Mrs. J is connected to a ventilator via tracheostomy (invasive mechanical ventilation) 24 hours a day, because of an irreversible neurological injury and inability to breathe on her own. O0100F should be checked, as Mrs. J is using an invasive mechanical ventilator because she is unable to initiate spontaneous breathing on her own and the ventilator is controlling her breathing. O0100G, Non-invasive Mechanical Ventilator (BiPAP/CPAP) Code any type of Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BiPAP) respiratory support devices that prevent the airways from closing by delivering slightly pressurized air through a mask or other device continuously or via electronic cycling throughout the breathing cycle. The BiPAP/CPAP mask/device enables the individual to support his or her own spontaneous respiration by providing enough pressure when the individual inhales to keep his or her airways open, unlike ventilators that “breathe” for the individual. If a ventilator or respirator is being used as a substitute for BiPAP/CPAP, code here. This item may be coded if the resident places or removes his/her own BiPAP/CPAP mask/device. Example: Mr. M has sleep apnea and requires a CPAP device to be worn when sleeping. The staff set up the water receptacle and humidifier element of the machine. Mr. M puts on the CPAP mask and starts the machine prior to falling asleep. O0100G should be checked, as Mr. M is able to breathe on his own and wears the CPAP mask when he is sleeping to manage his sleep apnea.

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3	O0250	O-9	<ul style="list-style-type: none"> Code 3, Not eligible—medical contraindication: if influenza vaccine not received due to medical contraindications. Influenza vaccine is contraindicated for a resident with severe reaction (e.g., respiratory distress) to a previous dose of influenza vaccine or to a vaccine component. Precautions for influenza vaccine include moderate to severe acute illness with or without fever (influenza vaccine can be administered after the acute illness) and history of Guillain-Barré Syndrome within six weeks after previous influenza vaccination. <p>Contraindications include, but are not limited to; allergic reaction to eggs or other vaccine component(s) (e.g., thimerosal preservative), previous adverse reaction to influenza vaccine, a physician order not to immunize, moderate to severe illness with or without fever, and/or history of Guillain-Barré Syndrome within 6 weeks of previous influenza vaccination.</p>
3	O0300	O-11– O-12	<p>Item Rationale</p> <p>Health-related Quality of Life</p> <ul style="list-style-type: none"> Pneumococcal disease accounts for more deaths than any other vaccine preventable bacterial disease. Case fatality rates for pneumococcal bacteremia are approximately 20%; however, they can be as high as 60% in the elderly (CDC, 2009). Pneumococcus is one of the leading causes of community-acquired infections in the United States, with the highest disease burden among the elderly. Adults 65 years of age and older and those with chronic medical conditions are at increased risk for invasive pneumococcal disease and have higher case fatality rates. Pneumococcal vaccines can help reduce the risk of invasive pneumococcal disease and pneumonia. <p>Planning for Care</p> <ul style="list-style-type: none"> Early detection of outbreaks is essential to control outbreaks of pneumococcal disease in long-term care facilities. Individuals living in nursing homes and other long-term care facilities with an identified increased risk of invasive

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			<p>pneumococcal disease or its complications, i.e., those 65 years of age and older or with certain medical conditions, should receive pneumococcal vaccination.</p> <ul style="list-style-type: none"> Conditions that increase the risk of invasive pneumococcal disease include: decreased immune function; damaged or no spleen; sickle cell and other hemoglobinopathies; cerebrospinal fluid (CSF) leak; cochlear implants; and chronic diseases of the heart, lungs, liver, and kidneys, including dialysis, diabetes, alcoholism, and smoking. Other risk factors include smoking and cerebrospinal fluid (CSF) leak (CDC, 2009). Determining the rate of pneumococcal vaccination and causes for non-vaccination assists nursing homes in reaching the Healthy People 2020 (http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=23) national goal of 90% immunization among nursing home residents. <p>Steps for Assessment</p> <ol style="list-style-type: none"> Determine whether or not the resident should receive the vaccine. <ul style="list-style-type: none"> All adults 65 years of age or older should receive the pneumococcal vaccine. However, certain persons should be vaccinated before the age of 65, including, but not limited to, the following: <ul style="list-style-type: none"> Immunocompromised persons 2 years of age and older who are at increased risk of pneumococcal disease should be vaccinated. This group includes those with the risk factors listed under Planning for Care, as well as Hodgkin's disease, leukemia, lymphoma, multiple myeloma, nephrotic syndrome, cochlear implant, or those who have had organ transplants and are on immunosuppressive protocols. Those on chemotherapy who are immunosuppressed, or those taking high dose corticosteroids (14 days or longer) should also be vaccinated. Individuals 2 years of age or older with asymptomatic or symptomatic HIV should be vaccinated.

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			<ul style="list-style-type: none"> — Individuals living in environments or social settings (e.g., nursing homes and other long-term care facilities) with an identified increased risk of invasive pneumococcal disease or its complications should be considered for vaccination populations. — If vaccination status is unknown or the resident/family is uncertain whether or not the vaccine was received, the resident should be vaccinated. • Pneumococcal vaccine is given once in a lifetime, with certain exceptions. Revaccination is recommended for the following: <ul style="list-style-type: none"> — Individuals 2 years of age or older who are at highest risk for serious pneumococcal infection and for those who are likely to have a rapid decline in pneumococcal antibody levels. Those at highest risk include individuals with asplenia (functional or anatomic), sickle-cell disease, HIV infections or AIDS, cancer, leukemia, lymphoma, Hodgkin disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome, or other conditions associated with immunosuppression (e.g., organ or bone marrow transplant, medication regimens that lower immunity (such as chemotherapy or long-term steroids). — Persons 65 years or older should be administered a second dose of pneumococcal vaccine if they received the first dose of vaccine <u>more than 5 years</u> earlier and were less than 65 years old at the time of the first dose. • If the resident has had a severe allergic reaction to vaccine components or following a prior dose of the vaccine, they should not be vaccinated. <p>If the resident has a moderate to severe acute illness, he or she should not be vaccinated until his or her condition improves. However, someone with a minor illness (e.g., a cold) should be vaccinated since minor illnesses are not a contraindication to receiving the vaccine.</p> <p>[Centers for Disease Control and Prevention. (2012, May). <i>The Pink Book: Chapters: Epidemiology and Prevention of</i></p>

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			<p>Vaccine Preventable Diseases (12th ed.). Retrieved from http://www.cdc.gov/vaccines/pubs/pinkbook/index.html</p> <p><u>Note:</u> Please refer to the algorithm below for pneumococcal vaccine administration ONLY.</p> <p>Figure 1 Adopted from the CDC Recommendations and Reports, Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Recommended Adult Immunization Schedule—United States. (2009, January 9). MMWR, 57(53), Q 1–Q 4.</p> <pre> graph TD Q1[Has the person been vaccinated previously?] -- YES --> A[Vaccine indicated] Q1 -- NO --> Q2[Is the person Immunocompromised*?] Q2 -- YES --> A Q2 -- NO --> Q3[Was the person < 65 years at the time of their last vaccine?] Q3 -- YES --> A Q3 -- NO --> Q4[Have >= 5 years elapsed since the first dose**?] Q4 -- YES --> A Q4 -- NO --> B[Vaccine NOT indicated] </pre> <p>(Figure 1 removed)</p> <p>Review the resident's medical record and interview resident or responsible party/legal guardian and/or primary care physician to determine pneumococcal vaccination status, using the following steps:</p> <ol style="list-style-type: none"> 1. Review the resident's medical record to determine whether any pneumococcal vaccines has ve been received. If vaccination status is unknown, proceed to the next step. 2. Ask the resident if he or /she received any pneumococcal vaccines s outside of the facility. If vaccination status is still unknown, proceed to the next step. 3. If the resident is unable to answer, ask the same question of a the responsible party/legal guardian and/or primary care

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			<p>physician. If vaccination status is still unknown, proceed to the next step.</p> <p>4. If pneumococcal vaccination status cannot be determined, administer the recommended appropriate vaccine(s) to the resident, according to the standards of clinical practice.</p> <ul style="list-style-type: none"> • If the resident has had a severe allergic reaction to a pneumococcal vaccine or its components, the vaccine should not be administered. • If the resident has a moderate to severe acute illness, the vaccine should be administered after the illness. • If the resident has a minor illness (e.g., a cold), check with the resident's physician before administering the vaccine.
3	O0300	O-12– O-13	<p>Coding Tips</p> <ul style="list-style-type: none"> • The CDC has evaluated inactivated influenza vaccine co-administration with the pneumococcal vaccine systematically among adults. It is safe to give these two vaccinations simultaneously. If the influenza vaccine and pneumococcal vaccine will be given to the resident at the same time, they should be administered at different sites (CDC, 2009). If the resident has had both upper extremities amputated or intramuscular injections are contraindicated in the upper extremities, administer the vaccine(s) according to clinical standards of care. • Specific guidance about pneumococcal vaccine recommendations and timing for adults can be found at https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf. • “Up to date” in item O0300A means in accordance with current Advisory Committee on Immunization Practices (ACIP) recommendations. <p>For up-to-date information on timing and intervals between vaccines, please refer to ACIP vaccine recommendations available at</p> <ul style="list-style-type: none"> • https://www.cdc.gov/vaccines/schedules/hcp/index.html • http://www.cdc.gov/vaccines/hcp/acip-recs/index.html

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			<ul style="list-style-type: none"> • https://www.cdc.gov/pneumococcal/vaccination.html • If a resident has received one or more pneumococcal vaccinations and is indicated to get an additional pneumococcal vaccination but is not yet eligible for the next vaccination because the recommended time interval between vaccines has not lapsed, and it has been less than one year since the resident received the vaccination, he/she is not yet eligible for the second pneumococcal vaccination; therefore, O0300A is coded 1, yes, indicating the resident's pneumococcal vaccination is up to date. <p>Examples</p> <ol style="list-style-type: none"> 1. Mr. L., who is 72 years old, received the PCV13 pneumococcal vaccine at his physician's office last year. He had previously been vaccinated with PPSV23 at age 66. Coding: O0300A would be coded 1, yes; skip to O0400, Therapies. Rationale: Mr. L, who is over 65 years old, has received the recommended PCV13 and PPSV23 vaccines, and received the pneumococcal vaccine in his physician's office last year at age 71. 2. Mrs. B, who is 95 years old, has never received a pneumococcal vaccine. Her physician has an order stating that she is NOT to be immunized. Coding: O0300A would be coded 0, no; and O0300B would be coded 1, not eligible. Rationale: Mrs. B. has never received the pneumococcal vaccine; therefore, her vaccine is not up to date. Her physician has written an order for her not to receive a pneumococcal vaccine, thus she is not eligible for the vaccine. 3. Mrs. A. received the pneumococcal vaccine at age 62 when she was hospitalized for a broken hip. She is now 78 and is being admitted to the nursing home for rehabilitation. Her covering physician offered the pneumococcal vaccine to her during his last visit in the nursing home, which she accepted. The facility administered the pneumococcal vaccine to Mrs. A. Coding: O0300A would be coded 1, yes; skip to O0400, Therapies. Rationale: Mrs. A. received the pneumococcal vaccine

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			<p>prior to the age of 65. Guidelines suggest that she should be revaccinated since she is over the age of 65 and 5 years have passed since her original vaccination. Mrs. A received the pneumococcal vaccine in the facility.</p> <p>3. Mrs. A, who has congestive heart failure, received PPSV23 vaccine at age 62 when she was hospitalized for a broken hip. She is now 78 years old and was admitted to the nursing home one week ago for rehabilitation. She was offered and given PCV13 on admission.</p> <p>Coding: O0300A would be coded 1, yes; skip to O0400, Therapies.</p> <p>Rationale: Mrs. A. received PPSV23 before age 65 years because she has a chronic heart disease and received PCV13 at the facility because she is age 65 years or older. She should receive another dose of PPSV23 at least 1 year after PCV13 and 5 years after the last PPSV23 dose (i.e., Mrs. A. should receive 1 dose of PPSV23 at age 79 years, but is currently up to date because she must wait at least 1 year since she received PCV13).</p> <p>4. Mr. T., who has a long history of smoking cigarettes, received the pneumococcal vaccine at age 62 when he was living in a congregate care community. He is now 64 years old and is being admitted to the nursing home for chemotherapy and respite care. He has not been offered any additional pneumococcal vaccines.</p> <p>Coding: O0300A would be coded 0, no; and O0300B would be coded 3, Not offered.</p> <p>Rationale: Mr. T. received 1 dose of PPSV23 vaccine prior to 65 years of age because he is a smoker. Because Mr. T. is now immunocompromised, he should receive PCV13 for this indication. He will also need 1 dose of PPSV23 8 weeks after PCV13 and at least 5 years after his last dose of PPSV23 (i.e., Mr. T is eligible to receive PCV13 now and 1 dose of PPSV23 at age 67).</p> <p>Coding: O0300A would be coded 1, yes; skip to O0400, Therapies.</p> <p>Rationale: Mr. T. received his first dose of pneumococcal vaccine prior to the age of 65 due to him residing in congregate care at the age of 62. Even though Mr. T. is now immunocompromised, less than 5 years have</p>

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			lapsed since he originally received the vaccine. He would be considered up to date with his vaccination.