



SNF Virtual Training Program – Part 2

Section O: Special Treatments, Procedures, and Programs Workshop

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Overview

- Summarize the coding instructions for the revised assessment data element **O0110. Special Treatments, Procedures, and Programs.**
- Apply coding instructions and principles to accurately code practice scenarios.





00110

**Special Treatments, Procedures,
and Programs**

O0110. Special Treatments, Procedures, and Programs

O0110. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed

- a. **On Admission**
Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
- b. **While a Resident**
Performed *while a resident* of this facility and within the *last 14 days*
- c. **At Discharge**
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

a. On Admission b. While a Resident c. At Discharge

Check all that apply

Cancer Treatments

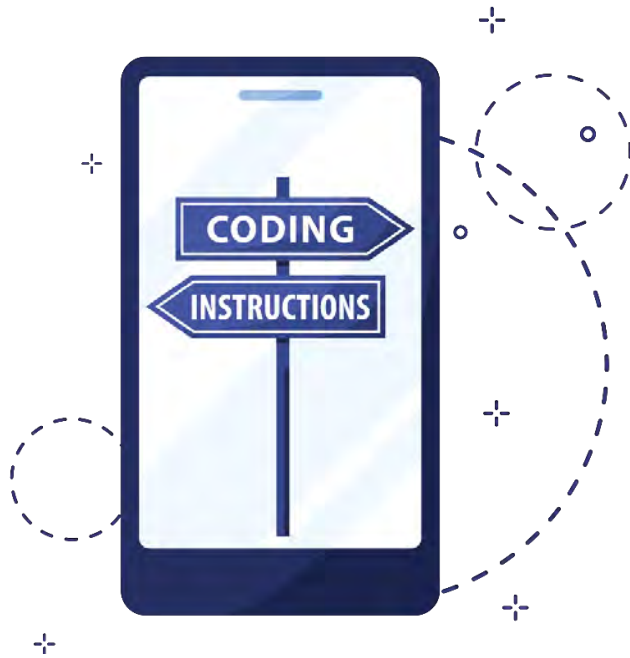
	a. On Admission	b. While a Resident	c. At Discharge
A1. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A10. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Treatments			
C1. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3. As needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

	a. On Admission	b. While a Resident	c. At Discharge
H1. IV Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O1. IV Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z1. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



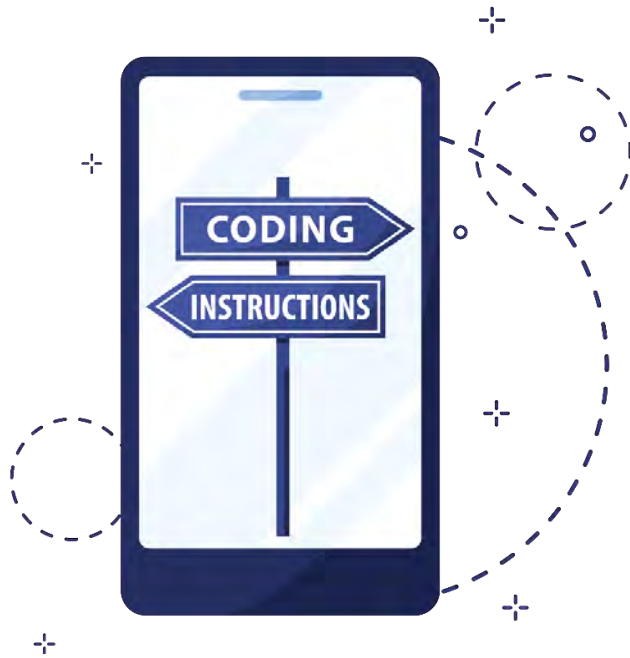
O0110: Coding Instructions



Column a. On Admission.

- Check all treatments, procedures, and programs received by, performed on, or participated in by the resident on days 1–3 of the SNF PPS Stay starting with A2400B.
- If no treatments, procedures, or programs were received or performed in the 3-day assessment period, check **Z, None of the above.**

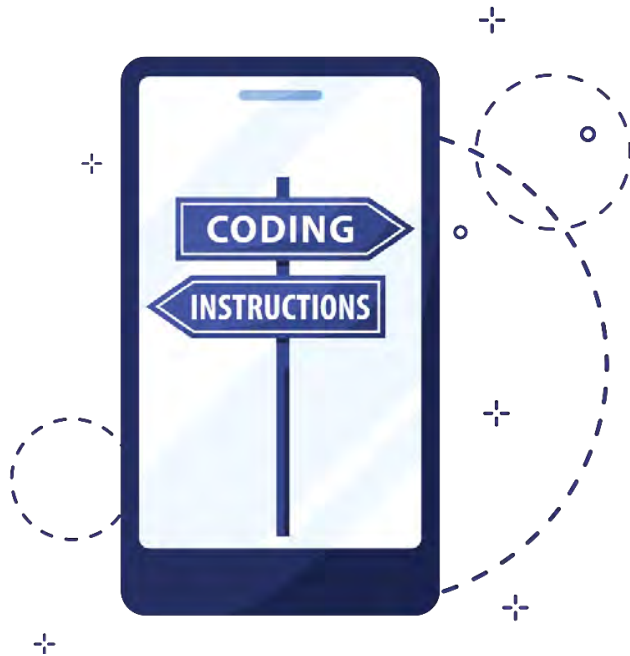
O0110: Coding Instructions (cont. 1)



Column b. While a Resident.

- Check all treatments, procedures, and programs that the resident received or performed **after** admission/entry or reentry to the facility and within the last 14 days.
- If no treatments, procedures or programs were received by, performed on, or participated in by the resident within the last 14 days or since admission/entry or reentry, check **Z, None of the above.**

O0110: Coding Instructions (cont. 2)



Column c. At Discharge.

- Check all treatments, procedures, and programs received by, performed on, or participated in by the resident in the last 3 days of the SNF PPS Stay ending with A2400C.
- If no treatments, procedures or programs were received by, performed on, or participated in by the resident in the 3-day assessment period, **check Z, None of the above.**

00110: Practice Scenario 1 – Admission

- A resident was discharged from the hospital following an acute care inpatient stay for pneumonia.
- On admission to the SNF for a PPS stay, the resident requires continuous oxygen (>14 hours per day) via nasal cannula and intravenous (IV) antibiotics via a peripheral line.
- The resident received these treatments during the first 5 days of the stay.





How would you code O0110 Column a. On Admission for this resident?

O0110. Special Treatments, Procedures, and Programs	
Check all of the following treatments, procedures, and programs that were performed	
	a. On Admission
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	
b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	
c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	↓
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 Treatments	
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"/>

	a. On Admission
Other	
H1. IV Medications	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>
O1. IV Access	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>
None of the Above	
Z1. None of the above	<input type="checkbox"/>



How would you code O0110 Column a. On Admission for this resident?

O0110. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed

	a. On Admission
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	
b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	
c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	↓
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 Treatments	
C1. Oxygen therapy	<input checked="" type="checkbox"/>
C2. Continuous	<input checked="" 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"/>

	a. On Admission
Other	
H1. IV Medications	<input checked="" type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>
H3. Antibiotics	<input checked="" type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>
O1. IV Access	<input checked="" type="checkbox"/>
O2. Peripheral	<input checked="" type="checkbox"/>
O3. Midline	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>
None of the Above	
Z1. None of the above	<input type="checkbox"/>

00110: Practice Scenario 1 – Admission Rationale

Column a. On Admission: The resident received the treatments of continuous oxygen therapy for more than 14 hours per day via a nasal cannula as well as IV antibiotics via a peripheral line for the first 5 days of their PPS stay.



00110: Practice Scenario 1 – Discharge

- Once the IV antibiotic course is completed on Day 5, the peripheral IV is discontinued.
- By the end of Week 2 (14 days), the resident is improving and requires oxygen only intermittently for 2 hours per day. By Day 17, there are no further supplemental oxygen needs.
- The resident is discharged to home 4 days later, on Day 21.





How would you code O0110 Columns b. While a Resident and c. At Discharge for this resident?

O0110. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed		
	b. While a Resident	c. At Discharge
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B		
b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>		
c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C		
	Check all that apply ↓	↓
Cancer Treatments		
A1. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
A2. IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A3. Oral	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A10. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Treatments		
C1. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>
C2. Continuous	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C3. Intermittent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C4. High-concentration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
D2. Scheduled	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D3. As needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>	<input type="checkbox"/>
G2. BiPAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G3. CPAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	b. While a Resident	c. At Discharge
Other		
H1. IV Medications	<input type="checkbox"/>	<input type="checkbox"/>
H2. Vasoactive medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H3. Antibiotics	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H4. Anticoagulant	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H10. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
J2. Hemodialysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J3. Peritoneal dialysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O1. IV Access	<input type="checkbox"/>	<input type="checkbox"/>
O2. Peripheral	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O3. Midline	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
None of the Above		
Z1. None of the above	<input type="checkbox"/>	<input type="checkbox"/>



How would you code O0110 Columns b. While a Resident and c. At Discharge for this resident?

O0110. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed		
	b. While a Resident	c. At Discharge
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B		
b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>		
c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C		
	Check all that apply ↓	↓
Cancer Treatments		
A1. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>	<input type="checkbox"/>
A10. Other	<input type="checkbox"/>	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Treatments		
C1. Oxygen therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>	<input type="checkbox"/>
D3. As needed	<input type="checkbox"/>	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>	<input type="checkbox"/>

	b. While a Resident	c. At Discharge
Other		
H1. IV Medications	<input type="checkbox"/>	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>
O1. IV Access	<input type="checkbox"/>	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>	<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>	<input type="checkbox"/>
None of the Above		
Z1. None of the above	<input type="checkbox"/>	<input checked="" type="checkbox"/>

00110: Practice Scenario 1 – Discharge Rationale

Column b. While a Resident: The resident continued to receive supplemental oxygen for 2 hours per day until Day 17, which was within the last 14 days.

The type of oxygen delivery is not coded in Column b. While a Resident.

The IV, peripheral line, and IV antibiotics were all discontinued by Day 5.

Column c. At Discharge: The resident no longer required supplemental oxygen during the assessment period, which was within the last 3 days of the PPS stay.

00110: Practice Scenario 2 – Admission



- A resident was discharged from the acute care hospital and admitted to the hospital swing bed (SNF) for a PPS stay following a pathologic vertebral fracture related to small cell lung cancer with bone metastasis.
- While hospitalized, the resident was found to have a blood clot. IV heparin was administered via the previously placed central line port. The IV heparin continued to be administered during the first week of the PPS stay, until they were transitioned to subcutaneous heparin.
- The resident also continued receiving oral chemotherapy medications as ordered throughout the stay.



How would you code O0110 Column a. On Admission for this resident?

O0110. Special Treatments, Procedures, and Programs	
Check all of the following treatments, procedures, and programs that were performed	
	a. On Admission
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	
b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	
c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	↓
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 Treatments	
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"/>

	a. On Admission
Other	
H1. IV Medications	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>
O1. IV Access	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>
None of the Above	
Z1. None of the above	<input type="checkbox"/>



How would you code O0110 Column a. On Admission for this resident?

O0110. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed

	a. On Admission
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	
b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	
c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	
Cancer Treatments	
A1. Chemotherapy	<input checked="" type="checkbox"/>
A2. IV	<input type="checkbox"/>
A3. Oral	<input checked="" type="checkbox"/>
A10. Other	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>
Respiratory Treatments	
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"/>

	a. On Admission
Other	
H1. IV Medications	<input checked="" type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>
H4. Anticoagulant	<input checked="" type="checkbox"/>
H10. Other	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>
O1. IV Access	<input checked="" type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input checked="" type="checkbox"/>
None of the Above	
Z1. None of the above	<input type="checkbox"/>

00110: Practice Scenario 2 – Admission Rationale

Column a. On Admission: The resident has a central line for IV access and is still receiving IV heparin, an anticoagulant, when admitted to the facility.

They are also taking oral chemotherapy medications. These treatments were provided on Days 1–3 of the PPS stay.



00110: Practice Scenario 2 – Discharge



- Over the 2-week period of the SNF stay, the resident was placed on subcutaneous heparin and the IV anticoagulant was discontinued on Day 8. The port remained in place and was flushed daily by the nursing staff.
- On discharge, the resident was referred for home health services for physical therapy and for nursing to continue to flush the port and teach the administration of a newly ordered oral anticoagulant. The discharge orders included the oral chemotherapy and returning for a follow-up visit with the outpatient oncology team.



How would you code O0110 Columns b. While a Resident and c. At Discharge for this resident?

O0110. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed

- | a. On Admission
Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B | b. While a Resident | c. At Discharge |
|--|---------------------------|-----------------|
| b. While a Resident
Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i> | | |
| c. At Discharge
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C | Check all that apply
↓ | ↓ |

Cancer Treatments

	b. While a Resident	c. At Discharge
A1. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
A2. IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A3. Oral	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A10. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>	<input type="checkbox"/>

Respiratory Treatments

	b. While a Resident	c. At Discharge
C1. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>
C2. Continuous	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C3. Intermittent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C4. High-concentration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
D2. Scheduled	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D3. As needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>	<input type="checkbox"/>
G2. BiPAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G3. CPAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	b. While a Resident	c. At Discharge
Other		
H1. IV Medications	<input type="checkbox"/>	<input type="checkbox"/>
H2. Vasoactive medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H3. Antibiotics	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H4. Anticoagulant	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H10. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
J2. Hemodialysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J3. Peritoneal dialysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O1. IV Access	<input type="checkbox"/>	<input type="checkbox"/>
O2. Peripheral	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O3. Midline	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
None of the Above		
Z1. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

How would you code O0110 Columns b. While a Resident and c. At Discharge for this resident?

O0110. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed

	b. While a Resident	c. At Discharge
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B		
b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>		
c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C		
	Check all that apply ↓	↓
Cancer Treatments		
A1. Chemotherapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A2. IV	<input type="checkbox"/>	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A10. Other	<input type="checkbox"/>	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Treatments		
C1. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>	<input type="checkbox"/>
D3. As needed	<input type="checkbox"/>	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>	<input type="checkbox"/>

	b. While a Resident	c. At Discharge
Other		
H1. IV Medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>
O1. IV Access	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>	<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
None of the Above		
Z1. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

00110: Practice Scenario 2 – Discharge Rationale

Column b. While a Resident: The resident continued the IV anticoagulant heparin until Day 8. Subcutaneous heparin is not an IV anticoagulant and is not coded here.

The central line remained in place and the port was flushed daily. For IV medications, do **not** code flushes to keep an IV access port patent.

Column c. At Discharge: The resident still had the central line port in place and continued with the oral chemotherapy through the last 3 days before discharge.

00110: Practice Scenario 3 – Admission

- The resident was admitted to the SNF for a PPS stay after surgery for a fractured hip. Due to a history of renal failure, they receive hemodialysis 3 times per week. The contracted End Stage Renal Disease (ESRD) facility staff provided dialysis services at the SNF via the arteriovenous (AV) fistula while the resident was in for rehab.
- Starting on the day of admission and throughout the stay, in addition to hemodialysis, the resident also received physical therapy and independently managed their continuous positive airway pressure (CPAP) for obstructive sleep apnea.





How would you code O0110 Column a. On Admission for this resident?

O0110. Special Treatments, Procedures, and Programs	
Check all of the following treatments, procedures, and programs that were performed	
	a. On Admission
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	
b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	
c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	↓
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 Treatments	
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"/>

	a. On Admission
Other	
H1. IV Medications	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>
O1. IV Access	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>
None of the Above	
Z1. None of the above	<input type="checkbox"/>

How would you code O0110 Column a. On Admission for this resident?

O0110. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed

	a. On Admission
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	
b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	
c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	
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 Treatments	
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 checked="" type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>
G3. CPAP	<input checked="" type="checkbox"/>

	a. On Admission
Other	
H1. IV Medications	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>
J1. Dialysis	<input checked="" type="checkbox"/>
J2. Hemodialysis	<input checked="" type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>
O1. IV Access	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>
None of the Above	
Z1. None of the above	<input type="checkbox"/>

00110: Practice Scenario 3 – Admission Rationale

Column a. On Admission: The resident is receiving hemodialysis and self-manages their CPAP, which both will continue while they are in the SNF.

CPAP is coded whether the resident, the staff, or other person places or removes the BiPAP/CPAP mask/device.



00110: Practice Scenario 3 – Discharge

- 5 days before discharge, an infection developed at the surgical site resulting in the need for IV antibiotics via a peripheral line. The resident wished to return home, so after 5 days of receiving the IV antibiotics, the resident was discharged with a saline lock to maintain access for the remaining doses of the IV antibiotics, which they would receive at home.
- Discharge occurred on Day 21.



00110: Practice Scenario 3 – Discharge (cont.)

- Discharge with services from the local home health agency was arranged and included orders for the continuation of hemodialysis at the outpatient ESRD clinic, CPAP, wound care, and the IV antibiotics for the remaining doses.
- The resident's last hemodialysis, while a resident at the SNF, occurred the day before discharge.





How would you code O0110 Columns b. While a Resident and c. At Discharge for this resident?

O0110. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed		
	b. While a Resident	c. At Discharge
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B		
b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>		
c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C		
	Check all that apply ↓	↓
Cancer Treatments		
A1. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
A2. IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A3. Oral	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A10. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Treatments		
C1. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>
C2. Continuous	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C3. Intermittent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C4. High-concentration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
D2. Scheduled	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D3. As needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>	<input type="checkbox"/>
G2. BiPAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G3. CPAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	b. While a Resident	c. At Discharge
Other		
H1. IV Medications	<input type="checkbox"/>	<input type="checkbox"/>
H2. Vasoactive medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H3. Antibiotics	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H4. Anticoagulant	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H10. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>
J1. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
J2. Hemodialysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J3. Peritoneal dialysis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O1. IV Access	<input type="checkbox"/>	<input type="checkbox"/>
O2. Peripheral	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O3. Midline	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
None of the Above		
Z1. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

How would you code O0110 Columns b. While a Resident and c. At Discharge for this resident?

O0110. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed		
	b. While a Resident	c. At Discharge
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B		
b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>		
c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C		
	Check all that apply ↓	↓
Cancer Treatments		
A1. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>	<input type="checkbox"/>
A10. Other	<input type="checkbox"/>	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Treatments		
C1. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>	<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>	<input type="checkbox"/>
D3. As needed	<input type="checkbox"/>	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	b. While a Resident	c. At Discharge
Other		
H1. IV Medications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>
J1. Dialysis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>
O1. IV Access	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O3. Midline	<input type="checkbox"/>	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>	<input type="checkbox"/>
None of the Above		
Z1. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

00110: Practice Scenario 3 – Discharge Rationale

Column b. While a Resident: The resident continued with hemodialysis and CPAP throughout the PPS stay. The IV antibiotics via peripheral line began 1 week prior to discharge and continued post-discharge.



Column c. At Discharge: During the last 5 days of the PPS stay, the resident continued with the treatments of hemodialysis, their CPAP, and the IV antibiotics.

Key Insights to Coding Section O

- Review the resident's medical record to determine whether or not the resident received or performed any of the treatments, procedures, or programs **within the assessment period defined for each column**, including On Admission and At Discharge.
- Complete the data element including all of the new subcategories (e.g., IV Access: Peripheral, Midline, Central).
- Treatments, procedures, and programs are coded whether received by, performed on, or participated in by the resident.
- Do **not** include subcutaneous administration of anticoagulant medications.
- Do **not** code flushes to keep an IV access port patent, or IV fluids without medication.

