

O0400: Therapies

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Complete only if O0390D is checked

D. Respiratory Therapy

Enter Number of Days

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

Steps for Assessment

1. Review the resident's medical record (e.g., rehabilitation therapy evaluation and treatment records, recreation therapy notes, mental health professional progress notes), and consult with each of the qualified care providers to collect the information required for this item

Coding Instructions

- **Days**—Enter the number of days therapy services were provided in the last 7 days. A day of therapy is defined as treatment for 15 minutes or more in the day. **Enter 0** if therapy was provided but for less than 15 minutes every day for the last 7 days. If the total number of minutes during the last 7 days is 0, skip this item and leave blank.

Example

Following a stroke, Resident F was admitted to the skilled nursing facility in stable condition for rehabilitation therapy on 10/06/19 under Part A skilled nursing facility coverage. *Their diagnoses included asthma, and they were referred to respiratory therapy.*

Respiratory therapy services that were provided over the 7-day look-back period:

- Respiratory therapy services; Sunday–Thursday for 10 minutes each day.
Coding: O0400D2 would be **coded 0**.
Rationale: Total minutes were 50 over the 7-day look-back period ($10 \times 5 = 50$). Although a total of 50 minutes of respiratory therapy services were provided over the 7-day look-back period, there were not any days that respiratory therapy was provided for 15 minutes or more. Therefore, O0400D equals **zero days**.

