Influenza and Pneumonia Immunization MDS Coding Tip Sheet

This tool is for nursing home Minimum Data Set (MDS) coordinators and those who support entering the MDS data. Use this information as a quick reference in addition to your Resident Assessment Instrument (RAI) manual and Quality Measures (QMs) Users Manual to accurately code influenza and pneumococcal vaccinations.

Process Strategies

- Request flu vaccine and pneumococcal administration dates and the type of vaccine given when receiving reports from transferring facility
- Create space for date of vaccination on admission checklist
- Work with discharge planner and care coordinators to make getting date of vaccination a high priority
- Follow administration guidelines, contraindications and precautions for other vaccines such as COVID-19 vaccines
- Confirm vaccination status during admission and other encounters with family

Quick Tips for MDS Section O: Special Treatments, Procedures and Programs

O0250. Influenza Vaccine

- If in section A of O0250 you indicate the resident did not receive the vaccination in your facility, and in section C you indicate the reason is one of the following: (5) vaccine was not offered, (6) inability to obtain or (9) none of the above, the rate will decrease for this measure
- Always enter the date administered in the space for “Date influenza vaccine received"

- Identify upcoming MDS’s due for completion – see “Steps for Assessment” in the RAI
- Track and update (when possible) all MDS entries coded with:
  - 5. Not offered
  - 6. Inability to obtain influenza vaccine due to a declared shortage
  - 9. None of the above
- Set a hard date to complete corrected or modified MDS and submit before June 30 of each year!

Please note: Each resident is offered an influenza immunization from October 1 through March 31 annually. However, the influenza measure is only calculated once per 12-months using MDS submissions, beginning July 1 through June 30 of that influenza season.
O0300. Pneumococcal Vaccine

- If in section A of O0300 you indicate the resident pneumococcal vaccination is not up to date, and in section C you indicate the reason is (3) vaccine was not offered, the rate will decrease for this measure.

- Identify upcoming MDS’s due for completion – see “Steps for Assessment” in the RAI
- Track and update (when possible) all MDS entries coded with:
  - 3. Not offered
- Set a hard date to complete a correction or amendment before the end of the next calendar quarter. Assessments submitted each quarter (3-month periods listed below) are used to calculate this measure:
  - January-March
  - April-June
  - July-September
  - October-December

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**Regulation Highlights**

**REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES, 483.80 Infection control.**  
**Section (d) Influenza and pneumococcal immunizations**

- The facility must develop and follow policies and procedures
- Offer an influenza immunization to each resident from October 1 through March 31 annually
- Offer each resident a pneumococcal immunization
- Document in medical records
  - If the immunization is medically contraindicated or the resident has already been immunized
  - Resident or the resident's representative received education regarding
    - the benefits of the immunization
    - the potential side effects of the immunization
  - Date offered, education provided and outcome of offer, if refused or administered
Resources

The Resident Assessment Instrument (RAI), Minimum Data Set (MDS) and Vaccination Quality Measures (QMs):

- **The Resident Assessment Instrument (RAI)** helps nursing home staff look at residents holistically—as individuals for whom quality of life and quality of care are mutually significant and necessary. The purpose of the RAI manual is to offer clear guidance about how to use the RAI correctly and effectively to help provide appropriate care.

- The foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid is formed through the **Minimum Data Set (MDS)** (Final Item Sets in downloads). The MDS is a core set of screening each resident’s:
  - Clinical status
  - Functional status

- **MDS 3.0 QM User’s Manual**

  **Influenza QM**
  - Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (LS)
  - Percent of Residents Who Received the Seasonal Influenza Vaccine (LS)
  - Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine (LS)
  - Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (LS)

  **Pneumonia QM**
  - Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (LS)
  - Percent of Residents Who Received the Pneumococcal Vaccine (LS)
  - Percent of Residents Who Were Offered and Declined the Pneumococcal Vaccine (LS)
  - Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Pneumococcal Vaccine (LS)

**CDC Resources**

- Pneumococcal Disease: [http://www.cdc.gov/pneumococcal](http://www.cdc.gov/pneumococcal)
- Vaccines and Preventable Diseases: [http://www.cdc.gov/vaccines/vpd-vac/default.htm](http://www.cdc.gov/vaccines/vpd-vac/default.htm)
- Adult Vaccination Resources: [https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/referral.html](https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/referral.html)