

MDS Alert

MDS Accuracy: Score 'O' Errors In Section O

CMS Webcast offers winning strategies for coding meds.

If coding Section O seems like no big deal, consider this: Medications coded in this section drive several quality indicators.

Not only that, but coding Section O gets tricky if you don't know some of the rules spelled out in the RAI manual. For example, if you overcode the number of medications at O1 by counting combination medications as separate drugs, you might trigger the QI for a resident receiving nine or more meds.

Yet the right coding know-how can keep Section O on track and off surveyors' radar screens.

Add Up the Meds for O1

When filling out Section O1, include any prescription or over-the-counter medication (excluding herbal remedies) that the nurses administered by any route (oral, IV, injection, topical, suppositories, etc.) during the seven-day lookback.

Don't forget to include medications the resident received when he was outside the facility in dialysis, during chemo or at a doctor's office, advised **Carla Saxton, RPh, CGP**, with the **American Society of Consultant Pharmacists** in a **Centers for Medicare & Medicaid Services**-sponsored Webcast presentation on improving MDS accuracy in Section O.

Omitting meds provided in other settings can throw your count off - and affect your care planning if you aren't aware of potential side effects, cautioned Saxton. "Yet obtaining information about medications administered at offsite clinics, dialysis, etc., can be a challenge," one that requires continuity of care to resolve, Saxton told **Eli** in an interview.

Solution: Work with community-based providers to develop a process that standardizes how the nursing home collects the information. For example, design a short form that asks the clinic to provide the information the facility needs, suggests Saxton.

Tip: To capture all of the medications actually administered in your facility, refer to the medication administration record (MAR), advised Saxton (see the coding quizzer later in this issue). Also review hospital and discharge records for medications the resident received during the hospital stay in the seven-day lookback.

By using the MAR, you will capture only the medications the nurses actually administered. For example, you'd only count a PRN order if the resident actually received a dose of the medication during the lookback.

"Do count long-acting medications administered prior to the seven-day lookback," advised Saxton. Examples include haloperidol injection and vitamin B-12 injection. (Consult the physician, pharmacist or PDR to see if a medication administered before the lookback is still active, advises the RAI manual.)

Combination medications with two or more active meds within the same dosages count as just one med.

But you count each type of insulin separately unless the different types of insulin are contained within the same solution, such as Humalog mix 75/25, according to Saxton.

Know What Counts as New at O2

When coding Section O2, code only a new medication (initiated in the past 90 days) that the patient is currently taking.

Don't Count IV Meds at O3

At Section O3 record the number of days the resident received injections of any type (except IV) during the last seven days, including medications, antigens and vaccines. If you administer a medication for the same or a different indication on two different days, code a "2."

Routes of administration include:

1. Subcutaneous (include an SQ pump only if an SQ injection is required to restart the pump);
2. Intramuscular;
3. Intradermal.

Tip: Code IV meds in Section P and IV fluids in Section K rather than Section O3. Do not code a vitamin B-12 injection here if it was administered outside the observation period.

Code in O4 as a Medication Is, Not as It Does

Section O4 requires you to code the number of days in the seven-day lookback that the resident received the following types of medications by any route or in any setting:

4. antipsychotic
5. antianxiety agent
6. antidepressant
7. hypnotic
8. diuretic.

Remember: Code a psychoactive drug in this section based on its pharmaceutical classification - not the intended therapeutic effect in a particular clinical situation, says **Judy Wilhide, RN, BA, RAC-C**, the RAI manager for Virginia.

For example, facilities now use a lot of drugs to treat behaviors and anxiety that aren't officially classified as that type of medication, Wilhide notes. Examples include Lexapro (an SSRI) prescribed for anxiety or anticonvulsants used to treat behavioral symptoms or bipolar disease.

Check out the RAI manual appendixes for updated drug classifications for coding O4 (www.cms.hhs.gov/quality/MDS20/2005Appendices.pdf).