

MDS Alert

MDS Coding And Care Planning: Differentiate Between Coding And Care Planning

The coding may not tell the whole story, but your care plan should.

The golden rule for coding meds on the MDS? Code for what the drug is - not for what it does.

"The Resident Assessment Instrument user's manual clearly says you should code a drug based on its drug classification rather than the reason a drug is prescribed," says **Holly Sox, RN, RAC-C**, MDS manager for **J.F. Hawkins Nursing Homes** in Newberry, SC, and clinical editor for www.careplans.com.

"That's where the industry has really outgrown the MDS 2.0," Sox adds, "because when the coding instructions were devised, there were fewer different types of drugs in some of these classifications."

For example, the classification of anti-anxiety agents used to include the benzodiazepenes primarily, but now contains Buspar and sometimes drugs like Paxil are given for anxiety disorder, Sox notes. "And anticonvulsants are given for bipolar and dementia-related behaviors."

Care Plan the Drug Indication

What's the way out of all this confusion? Code for the drug classification and then care plan the indication for the drug, Sox advises. "The care plan has to address the reason why you're giving the medications," she emphasizes.

It's thus a good idea to ask the prescribing clinician to document the indication for the drug, which opens up the discussion of less common usage of the medications, suggests **Ira Katz, MD, PhD**, professor of psychiatry and director of the geriatric psychiatry section at the **University of Pennsylvania**.

If the physician prescribes any drug for behaviors, for example, then care plan for behaviors, including non-pharmacological interventions, monitoring, etc., and any potential drug side effects. "It's really important to care plan when you use anticonvulsants for behaviors," Sox emphasizes.

Also care plan the reason the resident is receiving tricyclic antidepressants. "For example, if Elavil is prescribed for neurogenic pain, care plan to address the pain, and assess whether the Elavil is alleviating the pain," Sox advises. "Also address the potential side effects of the medication."

On the other hand, if the resident is getting an antidepressant for depression, surveyors will expect to see a diagnosis of depression and supporting documentation in the medical record, advises **Sam Kidder, PharmD**, in Silver Spring, MD, who helped the **Centers for Medicare & Medicaid Services** write the regs and survey guidance for psychoactive meds.

"Even if [the clinician] diagnoses depression, the symptoms should have persisted for two weeks, according to the DSM-IV, and be causing the person functional loss," Kidder adds. "Another key question to ask and document: Did the resident have a documentation of functional loss due to the depression - and is the antidepressant helping?"