MDS Alert

MDS Section J: Are You Coding Nonchemical Pain Intervention Correctly?

Use conversation and care-planning regardless of medication.

Chemical pain management's potential adverse effects are in the news and at the forefront of local and state policy decisions. Effective pain management is crucial to quality of life and patient-centered care. For the best pain management, care-planning, and facility safety, make sure you're assessing and documenting all interventions correctly.

Unrelieved pain can have a wide-ranging effect on a resident's ability to function as well as her comfort. But pain can have less obvious effects such as the breakdown of her skin condition or a tougher time fighting infections.

Facility liability is also a concern for other reasons, like the chance of medications being taken for reasons/people other than the intended resident's usage. With these cultural, medical, and personal concerns in mind, walking the tightrope of effective pain management is difficult, which is where nonchemical pain intervention can come into play.

"There is a strong push to keep residents pain-free and some have tried nonpharmacological methods; some work, some don't, some are on the care plan, but I don't know if they have been tried," says **Marilyn Mines, Rn, BC, RaC-Ct**, Senior Manager at **MarcumLLP**, in Deerfield, Illinois.

Look at the resident's clinical record to complete the first section, J0100 (Pain management).

- If the resident received a scheduled pain medication regimen, code 1 (Yes) for J0100A (Received scheduled pain medication regimen).
- If the resident received medication or was offered and then declined medication given PRN, you would code 1 (Yes) for J0100B (Received PRN pain medications OR was offered and declined).
- And if the resident received pain intervention that was not medication, you would code 1 (Yes) for J0100C (Received non-medication intervention for pain).

What Does Non-Medication Mean?

Non-medication pain intervention includes treatments like biofeedback, application of heat or cold, massage, PT, nerve blocking, stretching and strengthening exercises, chiropractic treatment, electrical stimulation, radiotherapy, ultrasound, and acupuncture. But don't include any herbal or alternative medicine products, per the RAI Manual. And know that not all of these interventions are ordered for pain relief. Know what interventions are being utilized and what they address, Mines says.

Remember: Pain medication includes any medication given expressly to treat pain, including medication in oral, transcutaneous, subcutaneous, intramuscular, rectal, intravenous injections, or intraspinal delivery formats for Section J, per the RAI Manual. For your consideration of this item, do not include any medications that treat an underlying condition, even if they may reduce pain.

To complete the resident-voice-driven section of Section J (J0300-J0600, Pain Assessment Interview) fully, you need to assess these facets of pain from the resident's perspective over a 5-day lookback period: presence of pain, pain frequency, effect on function, intensity, management, and control. Remember to check the clinical record or care plan for scheduled nonchemical pain management.

Conduct the assessment via an interview with the resident (if the resident can be understood). Start your interview as a conversation. The RAI Manual suggests this language: "I'd like to ask you some questions about pain. The reason I am

asking these questions is to understand how often you have pain, how severe it is, and how pain affects your daily activities. This will help us to develop the best plan of care to help manage your pain."

Remember: Ask the questions as they're written, initially, but remember to vary your language in follow-up questions. For example, a resident may shy away from saying she's in pain, but might allow that something "hurts" or that she has an "ache."

Code the assessment:

- Code J0300 (Pain Presence) per the resident's response, but take into account your follow-up questions.
- Code J0400 (Pain Frequency) per the resident's response as well. You can have the scale items (Almost constantly, Frequently, Occasionally, Rarely) written or on cue cards to help the resident visualize the answer. If the resident cannot decide which frequency is most accurate, try repeating the resident's response back to him or her giving the option of two of the choices. If the resident still cannot decide which frequency option is best, record the more frequent option.

Example: When asked whether he's had any pain or hurting, Mr. Faust says no, but mentions that his left knee tends to get sore when it rains. RNs provide heat application for his knee every afternoon, regardless of the weather, per his care plan, so code 1 (Yes) for J0100C (Received non-medication intervention for pain). Though he says no initially, he mentions soreness, so you would code 1 (Yes) for J0300 (Pain presence).