

## MDS Alert

### What Do You Think?

**Question 1:** It seems to me that coding injections in N0300 and for insulin again N0350 is double coding. Should I only be coding in one or the other?

**Answer 1:** Per the RAI manual instructions, insulin is coded in both areas. (N-1) When coding section N0300, any type of injection, including subcutaneous, intramuscular or intradermal are indicated. Only count the days that the resident received the injection while an inpatient in your facility, during the look-back period. The instructions for N0350 are specific to insulin injections.

**Question 2:** Can you explain why sliding scale orders are not counted as changes in orders? We use them frequently and I can't understand why they cannot be coded in N0350B.

**Answer 2:** Sliding scale orders are the order. It is typically written once, and gives the clinician the directions for the amount of insulin to be administered based on the results of a routine accu-check. Basically, no new order is written. However, if the sliding scale order is new, discontinued, or the first time the order is received can be counted.

**Question 3:** If a medication is used for something other than the pharmacological designation, where should it be coded? By the reason for use or by classification?

**Answer 3:** Per the RAI manual, N-6, medication in N0410 must be coded by therapeutic category and/or pharmacological classification. No matter what the reason a drug is used, the coding is by classification.

**Question 4:** How do we indicate monitoring of certain drugs?

**Answer 4:** Since so many psychotropic medications can cause adverse or side effects, it is crucial that staff know what to look for and what the various definitions are, in order to accurately document and report negative outcomes.

Chapter N of the RAI manual clearly identified the definitions and monitoring requirements. In order to properly document, and remain in compliance with federal regulations, facility staff should become familiar with these terms.

Do not merely "check off" that there are no negative responses to the drug's use. Analysis of what is being observed must be clearly indicated and reported.

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