



*March MDS Coding  
Teleconference*

**MDS Coding for Pain**

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*Pain: Coding the MDS*

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MDS Review & Tips on coding  
Section J2 & J3, Pain  
(7-day look back period)

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*Objectives*

- Accurately code the MDS Section J for Pain
- Understand which MDS items flag the Pain Quality Measure
- Identify steps in the pain management process
- Locate other resources & tools to address pain management/ intervention

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*J2 – Pain Symptoms*

- (a) Frequency\* – How often resident complains or shows evidence of pain
  - 0 = No pain (skip to item J4)
  - 1 = Pain less than daily\*
  - 2 = Pain daily\*

\*QM/QI  
item

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*J2 – Pain Symptoms*

- (b) Intensity \* – Severity of pain, described or manifested by resident
  - 1 = Mild Pain
  - 2 = Moderate Pain\*
  - 3 = Excruciating/Horrible Pain\*

\*QM/QI  
item

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*Coding Pain*

- INTENT:
  - Record the **frequency & intensity** of signs and symptoms of pain
  - For care planning purposes, J2 can be used to identify indicators of pain as well as to monitor a resident’s response to various pain management interventions

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*Coding Pain*

- Documentation of pain intervention/management
- Recorded in resident's clinical record
- Nurse's notes, progress notes, medication administration records, care plan
- Question:
  - Where could I look to find how a specific resident with a communication problem (e.g.dementia or CVA) exhibits their signs & symptoms of pain indicators?

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*Coding Pain*

- CMS anticipates few residents on pain management measures will not have some level of breakthrough pain during the 7-day assessment period that should then be coded on the MDS (**MDS 2.0 User's Manual, p 3-141**)
- Remember, if no breakthrough pain, or no pain event found, code J1a = 0, Skip to J4

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*Coding Pain*

- Assessment period covers a 7-day period
- Should reflect the highest level of pain reported by any staff member or the resident
- Not just the assessment of the professional completing the MDS

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### *Definition of Pain*

- Any type of physical pain or discomfort in any part of the body
- May be localized to one area, or may be more generalized
- May be acute or chronic
- May be continuous or intermittent
- May occur only at rest
- May occur only on movement

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### *Resident Interview*

- How do you ask if he or she has experienced pain in the last 7 days?
- How do you ask them to describe the pain?
- Asking the right question -
- This can be the trickiest & hardest part of the pain assessment
- Capture the location of the pain in Section J3

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### *Resident Interview*

- Resident Interview process:
  - Ensure resident understands the type of information the assessor is seeking
  - Believe the resident - do not second guess or judge
- **If resident states he or she is in pain, take their word for it. Pain is a subjective experience.**

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### *Resident Observation*

- Residents with dementia or communication problems = more in-depth Observation
  - Verbal indicators: moaning, crying
  - Facial expressions: wincing, frowning, appearing tense
  - Body posture: not wanting to move, guarding or protecting one area of the body
  - Onset or increase in restlessness, agitation, or behavior problems.

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### *Resident Observation*

- “Although such behaviors may not be solely indicative of pain, but rather indicative of multiple problems, code for the frequency and intensity of symptoms, if it is possible, in your clinical judgement, the behavior could be caused by pain” (RAI manual p. 3-141).

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### *Coding J2a -Frequency*

- Code for the frequency of pain in the last 7 days.
  - **Captures the presence or absence of pain, regardless of pain management efforts, this includes breakthrough pain.**
  - **If no pain code 0 - and skip to item J4**

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*Example: Pain J2a -Frequency*

- Resident interview and/or record review reveal they received pain Rx or other pain relief measures = code the pain event at MDS item J2a( frequency), then J2b (intensity)
- However, if NO pain event found, or breakthrough pain in the 7-day period, code 0 in J2a, then Skip to item J4

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*Coding J2b - Intensity*

- When pain identified, code for the highest level of pain in the last 7 days
- J2b = Intensity = Severity of pain as described or manifested by the resident
  - Mild
  - Moderate
  - Horrible or Excruciating

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*Coding J2b -Intensity*

- **J2b = 1 = Mild Pain**
  - Resident experiences a little pain, but usually able to carry on with daily routines, socialization, or sleep
- **J2b = 2 = Moderate Pain**
  - Resident experiences a medium amount of pain
- **J2b = 3 = Pain is Horrible or Excruciating**
  - Worst pain possible, Interferes with daily routine

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### *Standard Pain Scale*

- Use a standard Pain Scale
  - Facilities should have a consistent uniform & standardized process to measure & assess pain
  - Use your best clinical judgement when coding
  - If you have difficulty determining the exact frequency or intensity of pain, code for the more severe pain

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### *Suggestions for Assessing Pain*

- Ask: “Can you do the following without difficulty, with some or much difficulty, or unable to do?”
  - Dress yourself, put on shoes & socks
  - Get in &/or out of bed, chair
  - Bathe independently
  - Walk to the dining room, activities
  - Get a good night’s sleep,
  - Feel relaxed, not anxious, sad, nervous

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### *QI for Pain management*

- **Rationale:**
  - Residents with pain need more evaluation to determine the cause, & to find interventions that promote comfort
  - Never miss an opportunity to relieve pain
  - Pain control enables rehabilitation and improved socialization
  - Improves activity levels

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### *Coding Confusion*

- Be objective
  - Either pain occurred or it didn't
  - It does not matter for coding purposes whether the resident received pain medication or not
    - The only thing that matters is whether the resident had pain
  - It is not appropriate to attempt to estimate what the pain level would have been without pain medication

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### *Coding J3 - Pain Site*

- **Coding Instructions**
  - **Pain is sometimes difficult to localize**
  - **Use acute observational skills combined with effective interview techniques and thorough physical assessment including vital signs**

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### *Coding J3 - Pain Site*

- Check all that apply in last 7 days
- a. Bone Pain
- b. Back Pain
- c. Chest Pain
- d. Headache
- e. Hip Pain
- f. Incisional Pain
- g. Joint Pain (not Hip)
- h. Soft Tissue Pain
- i. Stomach Pain
- j. Other

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## 2 Case Studies

- Mrs. G, has poor short-and-long term memory, and moderately impaired cognitive function
- Mrs. S is severely cognitively impaired; unable to make decisions & requires extensive ADL assistance

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Mrs. G, every day, for the last 7 days, asked nurses for “a pill to make my aches & pains go away.”

- Medication records show she received Tylenol every evening. The charge nurse states Mrs. G usually rubs her left hip when asking for a pill. However, when asked about pain, Mrs. G states she is fine and never has pain.
- **J2a = 2 = daily (frequency) J2b = 1 = mild (intensity)**
- **Rationale:** It appears Mrs. G forgot reporting having pain during the last 7 days. Best clinical judgement calls for coding Mrs. G has mild, daily pain.

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C.N.A reports Mrs. S having pain in her back whenever trying to reposition in bed & transfer.

- The nurse observes Mrs. S’s physical, facial & verbal expressions during care & determines she has moderate pain. Physician is notified & orders Tylenol q 6 hours. Mrs. S is observed by nursing staff, who determine Mrs. S appears relieved later in the day, and is no longer experiencing a moderate level of pain. The physician determines Mrs. S should continue on the medication for several days.
- **J2a = 1 = less than daily J2b = 2 = moderate**

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### *Resources*

- Colorado Foundation for Medical Care –<http://www.cfmc.org>
- Colorado Department of Public Health & Environment  
<http://www.cdphe.state.co.us>
- Colorado Culture Change Coalition  
<http://www.coculturechange.org>
- Medicare Quality Improvement Community  
<http://www.medqic.org>
- The American Medical Directors Association  
<http://www.ama.com>
- The American Geriatrics Society  
<http://www.americangeriatrics.org>

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### *Resources*

- The Advancing Excellence for America's Nursing Homes-  
<http://www.nhqualitycampaign.org>
- The American Chronic Pain Association-  
<http://www.theacpa.org>
- The Borun Center-  
<http://borun.medsch.ucla.edu/default.htm>
- World Health Organization-  
<http://www.who.int/en/>
- Education in Palliative and End of Life Care-  
<http://www.epec.net/EPEC/webpages/index.cfm>

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### *Conclusion*

- Key Focus: Frequency, Intensity, Location
- Gather data through Interview & Observation
- Coding pain is dependant on resident having pain or not, regardless of drug /non-drug interventions
- Individualize pain control, IDT approach
- **Questions & Answers ...**

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*Thank you for attending this presentation*

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