



# SNF Virtual Training Program – Part 1

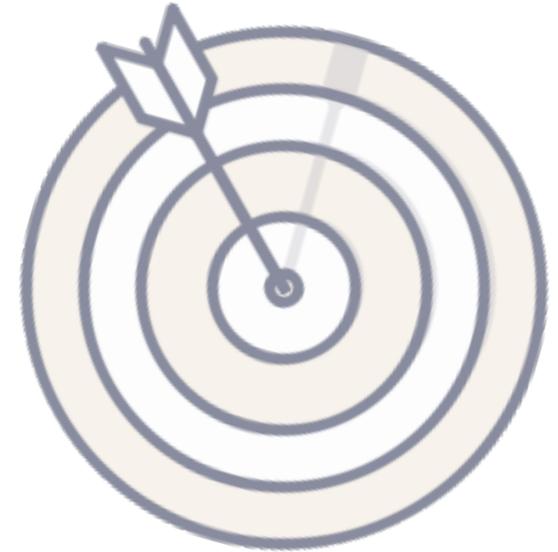
## Section N: Medications

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# Objectives

- Discuss the revised coding instructions and guidance changes to N0415 and N0450.
- Discuss the updates to the guidance for N2001. Drug Regimen Review (DRR) item.



# Overview of Changes



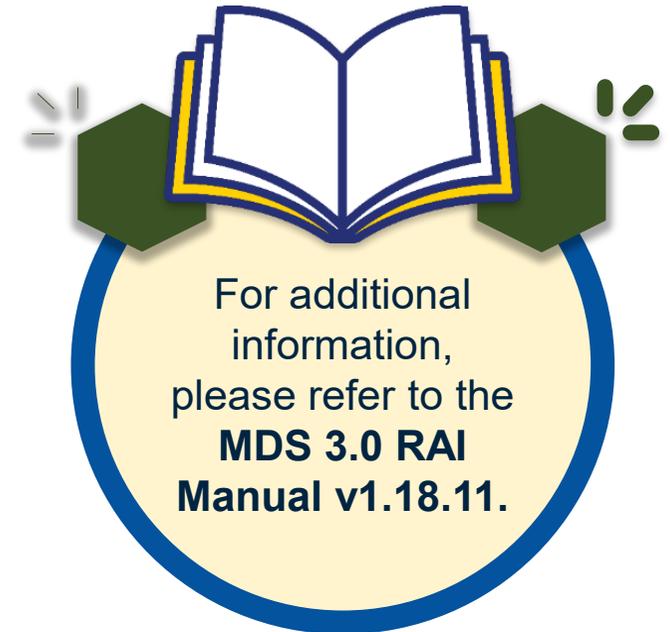
## **N0415. High-Risk Drug Classes: Use and Indication** has replaced **N0410. Medications Received**.

- Changes include:
  - Data element number and title.
  - Format and structure:
    - Entering number of days medication received, replaced by checkboxes.
    - Addition of Column 2: Indication Noted, and **Code Z. None of the above**.
  - Two new medication classes:
    - Antiplatelet.
    - Hypoglycemic.

# Overview of Changes (cont.)



- **N0450. Antipsychotic Medication Review.**
  - New definition: Gradual Dose Reduction (GDR).
  - Revised coding tips.
  - Location of relevant resources related to GDR.
- **N2001. Drug Regimen Review.**
  - Added coding tip.



# Section N: Intent



- The intent of the items in this section is to record the number of days, during the last 7 days (or since admission/entry or reentry if less than 7 days) that any type of injection, insulin, and/or select medications were received by the resident.
- In addition, **two medication sections have been added.**
  - **The first is** an Antipsychotic Medication Review. Including this information will assist facilities to evaluate the use and management of these medications. Each aspect of antipsychotic medication use and management has important associations with the quality of life and quality of care of residents receiving these medications.



# Section N: Intent (cont.)



The second is a series of data elements addressing Drug Regimen Review. These data elements document whether a drug regimen review was conducted upon the start of a SNF PPS stay through the end of the SNF PPS stay and whether any clinically significant medication issues identified were addressed in a timely manner.



**N0415**

# High-Risk Drug Classes: Use and Indication

# N0415. High-Risk Drug Classes: Use and Indication



## N0415. High-Risk Drug Classes: Use and Indication

**1. Is taking**

Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days

**2. Indication noted**

If Column 1 is checked, check if there is an indication noted for all medications in the drug class

	1. Is taking	2. Indication noted
	↓ Check all ↓	that apply ↓
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
B. Antianxiety	<input type="checkbox"/>	<input type="checkbox"/>
C. Antidepressant	<input type="checkbox"/>	<input type="checkbox"/>
D. Hypnotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
G. Diuretic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	



# N0415: Steps for Assessment



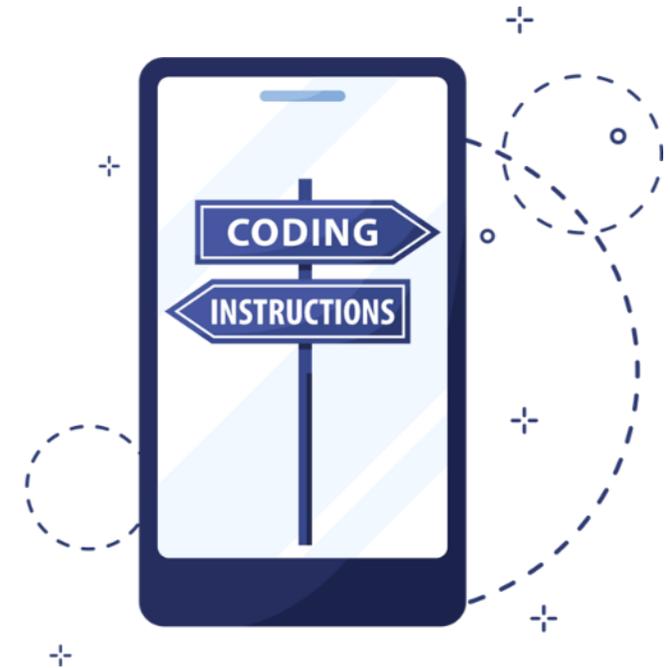
1. Review the resident's medical record for documentation that any of these medications were received by the resident **and for the indication of their use** during the 7-day look-back period (or since admission/entry or reentry if less than 7 days).

# N0415: Coding Instructions



Code **all high-risk drug class** medications according to their pharmacological classification, not how they are being used.

- **Column 1:** Check if the resident is taking any medications by pharmacological classification during the 7-day observation period (or since admission/entry or reentry if less than 7 days).
- **Column 2:** If Column 1 is checked, check if there is an indication noted for all medications in the drug class.

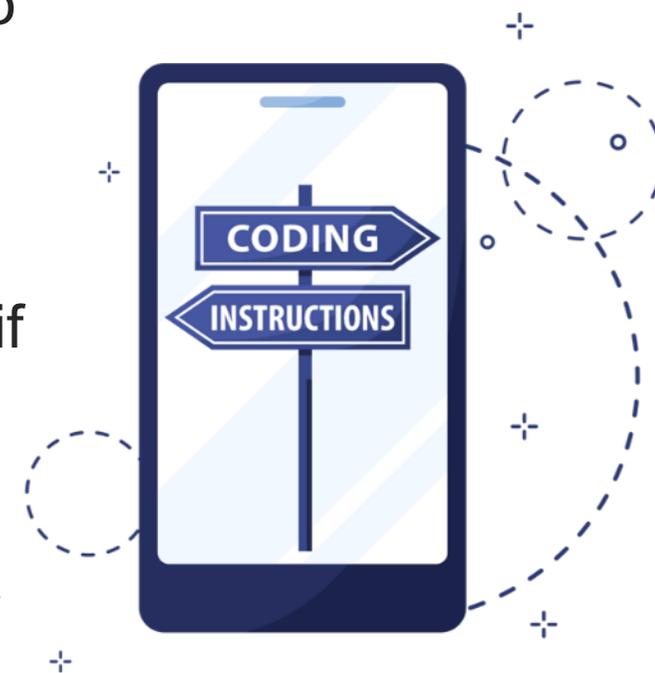


# N0415: Coding Instructions (cont. 1)



For each class of medication listed in N0415, the instructions have been revised to align with the structural revisions made to the data element. For example:

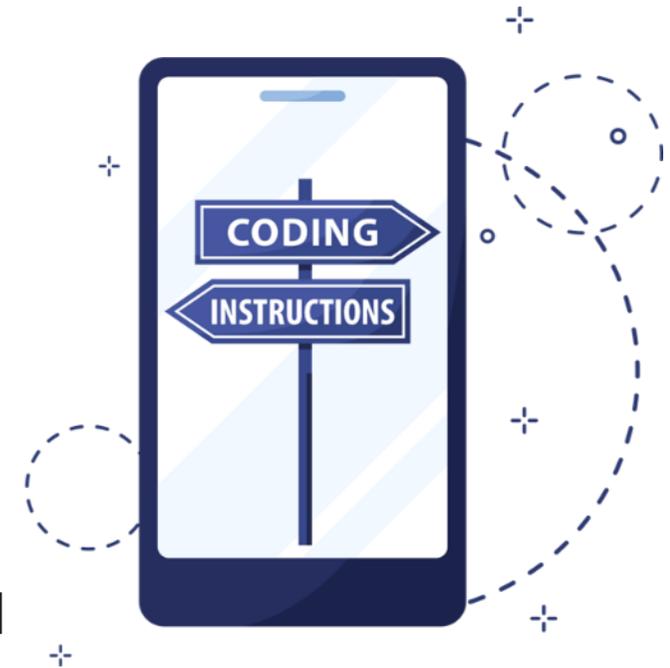
- **N0415A1. Antipsychotic:** Check if an antipsychotic medication was **taken** by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days).
- **N0415A2. Antipsychotic:** Check if there is an indication noted for all antipsychotic medications taken by the resident any time during the observation period (or since admission/entry or reentry if less than 7 days).



# N0415: Coding Instructions (cont. 2)



- N0415 includes two new drug classes: **N0415I. Antiplatelet** and **N0415J. Hypoglycemic (including insulin)**.
  - These data elements are coded in the same manner as other medication classes, denoting with a checkmark in Column 1, the specific medication class taken during the 7-day look-back period and the indication for use of the medication denoted with a checkmark in Column 2.
- Another new data element, **N0415Z. None of the above** was added and is checked if none of the medications listed were taken by the resident at any time during the observation period (or since admission/entry or reentry if less than 7 days).



# N0415: Anticoagulants and Transdermal Patches



## CODING TIPS

- Do not code antiplatelet medications such as aspirin/extended release, dipyridamole, or clopidogrel as N0415E, Anticoagulant.
- Anticoagulants such as Target Specific Oral Anticoagulants (TSOACs), which may or may not require laboratory monitoring, should be coded in N0415E, Anticoagulant.
- Transdermal patches are generally worn for and release medication over a period of several days. To code N0415, only capture the medication if the transdermal patch was applied to the resident's skin during the observation period.

# N0415: Herbal and Alternative Medicines



## CODING TIPS

- Herbal and alternative medicine products are considered to be dietary supplements by the Food and Drug Administration (FDA). These products are not regulated by the FDA (e.g., they are not reviewed for safety and effectiveness like medications) and their composition is not standardized (e.g., the composition varies among manufacturers). Therefore, they should not be counted as medications (e.g., melatonin, chamomile, valerian root).
- Keep in mind that, for clinical purposes, it is important to document a resident's intake of such herbal and alternative medicine products elsewhere in the medical record and to monitor their potential effects as they can interact with medications the resident is currently taking.
- For more information consult the FDA website <https://www.fda.gov/food/dietarysupplements/usingdietarysupplements>.

# N0415: Opioid Medications



## CODING TIPS

- Opioid medications can be an effective intervention in a resident's pain management plan, but also carry risks such as overuse and constipation.
- A thorough assessment and root-cause analysis of the resident's pain should be conducted prior to initiation of an opioid medication and re-evaluation of the resident's pain, side effects, and medication use and plan should be ongoing.

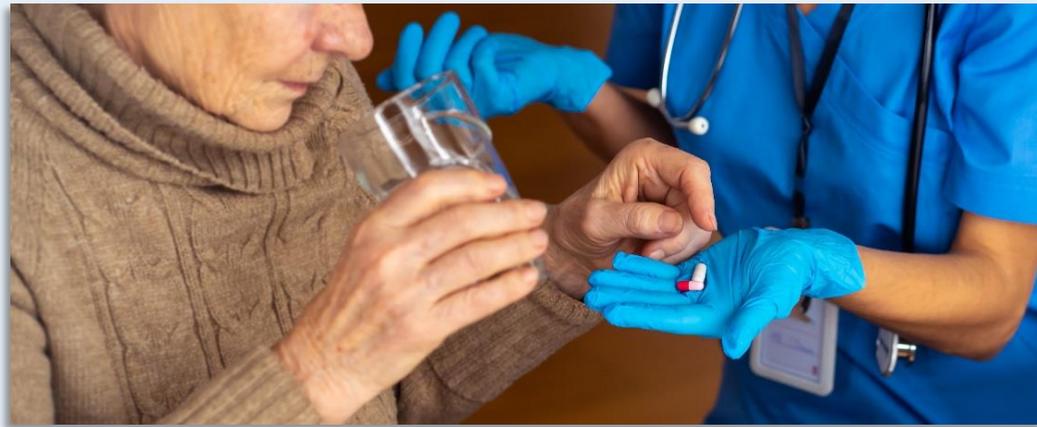


# N0415: Antidepressants



## CODING TIPS

Residents who are on antidepressants should be closely monitored for worsening of depression and/or suicidal ideation/behavior, especially during initiation or change of dosage in therapy. Stopping antidepressants abruptly puts one at higher risk of suicidal ideation and behavior.





**N0450**

# Antipsychotic Medication Review

# N0450: Definition



## Gradual Dose Reduction (GDR)



Step-wise tapering of a dose to determine whether or not symptoms, conditions, or risks can be managed by a lower dose or whether or not the dose or medication can be discontinued.

# N0450: Gradual Dose Reduction



## CODING TIPS

- Information on GDR and tapering of medications can be found in the State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities (F758). The State Operations Manual can be found at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984>.
- Prior to discontinuing a psychoactive medication, residents may need a GDR or tapering to avoid withdrawal syndrome (e.g., for medications such as selective serotonin reuptake inhibitors [SSRIs], tricyclic antidepressants [TCAs], etc.).



**N2001**

# Drug Regimen Review

# N2001: Adverse Drug Reaction (ADR)



## CODING TIPS

Adverse drug reaction (ADR) is a form of adverse consequence. It may be either:

- A secondary effect of a medication that is usually undesirable and different from the therapeutic effect of the medication, or
- Any response to a medication that is noxious and unintended, and occurs in doses for prophylaxis, diagnosis, or treatment.



# N2001: Side Effect



- The term “side effect” is often used interchangeably with ADR; however, side effects are but one of five ADR categories, the others being hypersensitivity, idiosyncratic response, toxic reactions, and adverse medication interactions.
- A side effect is an expected, well-known reaction that occurs with a predictable frequency and may or may not constitute an adverse consequence.

# Summary



- **N0415. High-Risk Drug Classes: Use and Indication** replaced **N0410. Medications Received**.
  - Checkboxes used instead of entering number of days medication(s) received for each medication class in N0415.
  - New column for medication indication was added.
  - Two new medication classes added along with an option for None of the Above.
  - Coding instructions and guidance have been enhanced.
- **N0450. Antipsychotic Medication Review** – Definition added for Gradual Dose Reduction.
- **N2001. Drug Regimen Review** – Coding Tip added for adverse drug reactions.

# Submitting Questions

If you have questions about this presentation, please submit them to [PACTraining@EconometricalInc.com](mailto:PACTraining@EconometricalInc.com) by June 2, 2023.

Select questions will be answered in Q&A sessions offered during the June 2023 virtual live event.

