



IRF and LTCH Virtual Training Program – Part 1

Section N. Medications New Item and Revisions

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Objectives

- Describe the new assessment item in Section N.
- Explain the definitions for the Section N items.
- Discuss the updates to the guidance for Drug Regimen Review (DRR) items (N2001, N2003, and N2005).



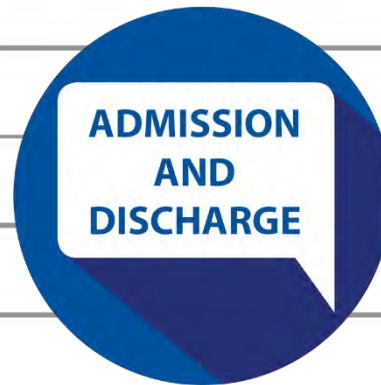
N0415

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 patient is taking any medications by pharmacological classification, not how it is used, in the following classes	1. Is taking	2. Indication noted
2. Indication noted If column 1 is checked, check if there is an indication noted for all medications in the drug class	Check all that apply ↓	Check all that apply ↓
A. Antipsychotic		
E. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<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: Intent

- The intent of the data elements in this section is to record whether the patient is taking any medications in specified drug classes and whether the indication was noted for taking the prescribed medications.



N0415: Rationale

- Medications:
 - Are an integral part of the care provided to patients.
 - Are administered to try to achieve various outcomes, such as curing an illness, diagnosing a disease or condition, arresting or slowing a disease's progress, reducing or eliminating symptoms, or preventing a disease or symptom.
- Patients taking medications in high-risk drug classes/categories are at risk for side effects that can adversely affect health, safety, and quality of life.

What Do High-Risk Drug Classes Include?



Combination Medications

These medications should be coded in all categories/pharmacological classes that constitute the combination.



Medications Administered by Any Route

Including oral, topical, inhalant, injection, sublingual, parenteral, and by infusion.



High-risk drug classes also include long-acting medications, **only** if they are taken at admission/discharge.

What Do High-Risk Drug Classes NOT Include?



Herbal and Alternative Medications by Any Route

These products are considered to be dietary supplements by the U.S. Food and Drug Administration and should not be counted as medications (e.g., melatonin, chamomile, valerian root).

N0415

Coding Guidance

N0415: High-Risk Drug Classes – Data Sources

Medical Record

- Review the paper and/or electronic health record (EHR), from where the patient received care for treatments, programs, procedures, and medications.

Clinical Progress Notes

- Including pharmacy, nursing, physician (or physician-designee), and other applicable clinical notes.

Most Recent Documents

- History and physical.
- Discharge summary.
- Instructions and transfer documents.

Discussions

- Including with the acute care hospital, other staff and clinicians, and patients, family or caregivers.

N0415: Steps for Assessment



1. Determine whether the patient is taking any prescribed medications in any of the drug classes (Column 1).
2. If Column 1 is checked (patient is taking medication in drug classification), review patient documentation to determine if there is a documented indication noted for all medications in the drug class (Column 2).

N0415: Coding Tips



- Code:
 - Medications according to the medication's therapeutic category and/or drug classification, regardless of why the patient is taking it.
 - A medication even if it was only taken once during the assessment period.

Example: A physician prescribes oxazepam for use as a hypnotic. However, this medication is categorized as an antianxiety medication. Code as an antianxiety medication.

- Do **not** code antiplatelet medications such as aspirin/extended release, dipyridamole, or clopidogrel as N0415E. Anticoagulant.

N0415: Coding Tips (cont. 1)

- Anticoagulants such as Target Specific Oral Anticoagulants, which may or may not require laboratory monitoring, should be coded in N0415E. Anticoagulant.
- Medications that have more than one therapeutic category and/or pharmacological classification should be coded in **all** categories/classifications assigned to the medication, regardless of how it is being used.

Example: Prochlorperazine is dually classified as an antipsychotic and an antiemetic. Code as an antipsychotic, regardless of how it is used.

N0415: Coding Tips (cont. 2)



- Include any medications used by any route (e.g., by mouth, intramuscular, transdermal, or intravenous) in any setting (e.g., at home, in a hospital emergency room, at physician office or clinic) while the patient is in the setting.
- Count long-acting medications, such as fluphenazine decanoate or haloperidol decanoate, that are given every few weeks or monthly **only** if they are taken at admission or discharge.

N0415: Coding Tips (cont. 3)



- A transdermal patch:
 - Is designed to release medication over a period of time (typically 3–5 days).
 - Would be considered long-acting medications for the purpose of coding the assessment instrument.
 - Is only counted if the patch is attached to the skin during the assessment period.

N2001–N2005

Definitions

N2001: Definitions

Adverse Drug Reaction



Any unexpected, unintended, undesired, or excessive response to a drug that: requires discontinuing the drug (therapeutic or diagnostic); requires changing the drug therapy; requires modifying the dose (except for minor dosage adjustments); necessitates admission to a hospital; prolongs a stay in a healthcare facility; necessitates supportive treatment; significantly complicates diagnosis; negatively affects prognosis; or results in temporary or permanent harm, disability, or death.

N2001: Definitions (cont. 1)

Drug Regimen Review (DRR)



The drug regimen review in post-acute care is generally considered to include medication reconciliation, a review of all medications a patient is currently using, and review of the drug regimen to identify and, if possible, prevent potential clinically significant medication issues.

Note: The DRR includes all medications, prescribed and over the counter (OTC) (including nutritional supplements, vitamins, and homeopathic and herbal products), administered by any route (for example, oral, topical, inhalant, injection, sublingual, parenteral, and by infusion). The DRR also includes total parenteral nutrition and oxygen.

N2001: Definitions (cont. 2)

Potentially (or actual)
**Clinically
Significant
Medication
Issue**



A clinically significant medication issue is a potential or actual issue that, in the clinician's professional judgment, warrants physician (or physician-designee) communication and completion of prescribed/recommended actions by midnight of the next calendar day (at the latest).

Any circumstance that does not require this immediate attention is not considered a potential or actual clinically significant medication issue for the purpose of the DRR items.

N2003: Definitions

Medication Follow-Up



The process of contacting a physician (or physician-designee) to communicate the identified medication issue and addressing all physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day at the latest.

N2003: Definitions (cont.)

Contact With Physician (or Physician-Designee)



Communication to the physician (or physician-designee) to convey an identified potential or actual clinically significant medication issue, AND a response from the physician (or physician-designee) to convey prescribed/recommended actions in response to the medication issue.

Communication can be in person, by telephone, voicemail, electronic means, facsimile, or any other means that appropriately conveys the message of patient status.

Communication can be directly to/from the physician (or physician-designee), or indirectly through physician's office staff on behalf of the physician (or physician-designee), in accordance with the legal scope of practice.

N2001–N2005

New and Clarified Guidance

Overview of Changes for N2001, N2003, and N2005

N2001. Drug Regimen Review

- Steps for assessment expanded.
- Revisions to coding instructions.

N2003. Medication Follow-Up

- Revisions to item rationale.
- Coding instructions.

N2005. Medication Intervention

- Revisions to item rationale.
- Steps for assessment.



N2001

Steps for Assessment Expanded

N2001. Steps for Assessment - Step 4



- Potential or actual clinically significant medication issues may include, but are not limited to:
 - Medication prescribed despite documented medication allergy or prior adverse reaction.
 - Excessive or inadequate dose.
 - Adverse reactions to medication (such as a rash).
 - Ineffective drug therapy (such as an analgesic that does not reduce pain).
 - Side effects (such as potential bleeding from an anticoagulant).
 - Drug interactions (such as serious drug–drug, drug–food, and drug–disease interactions).
 - Duplicate therapy (such as generic-name and brand-name equivalent drugs that are both prescribed).
 - Wrong patient, drug, dose, route, and time errors.

N2001. Steps for Assessment - Step 4 (cont.)



- Potential or actual clinically significant medication issues may include, but are not limited to:
 - Medication dose, frequency, route, or duration not consistent with patient's condition, manufacturer's instructions, or applicable standards of practice.
 - Use of a medication without evidence of adequate indication for use.
 - Omissions (medications missing from a prescribed regimen).
 - Non-adherence (purposeful or accidental).
 - Must reach a level of clinical significance that warrants notification of the physician (or physician-designee) for orders or recommendations by midnight of the next calendar day, at the latest.
 - Any circumstance that does not require this immediate attention is not considered a potential or actual clinically significant medication issue for the purpose of the DRR items.



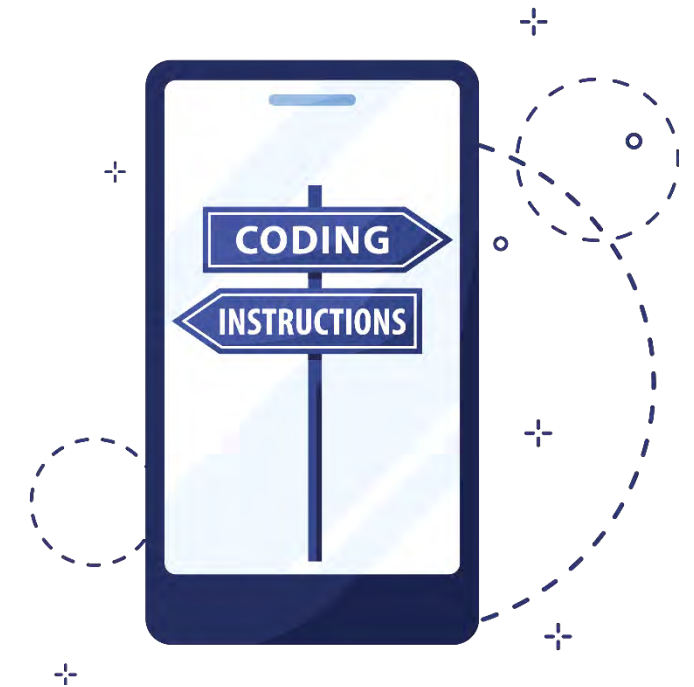
N2001

Revisions to Coding Instructions

N2001: Coding Instructions



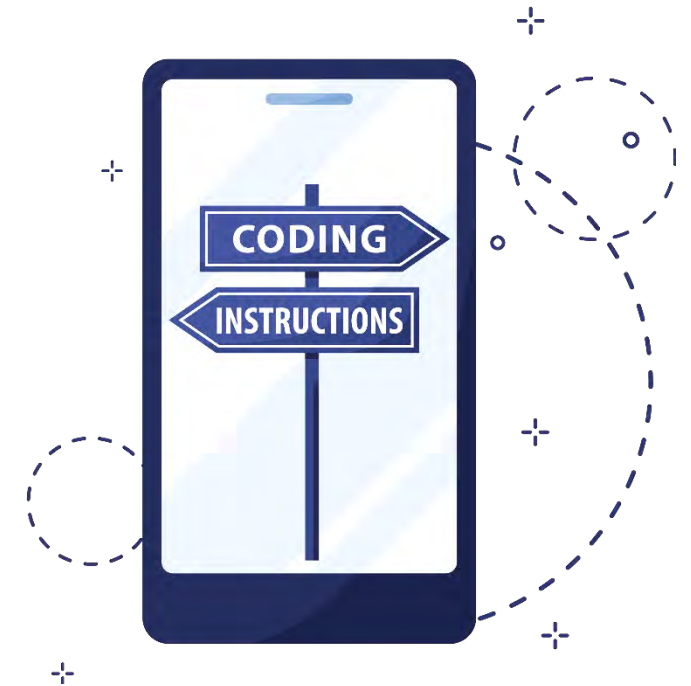
- **Code 0, No, No issues found during review**, if a drug regimen review was conducted upon admission and **based on the assessing clinician's professional judgment**, no potential or actual clinically significant issues were identified.



N2001: Coding Instructions (cont. 1)



- **Code 1, Yes – Issues found during review**, if a drug regimen review is conducted upon admission and **based on the assessing clinician's professional judgment** potential or actual clinically significant issues **are** identified.



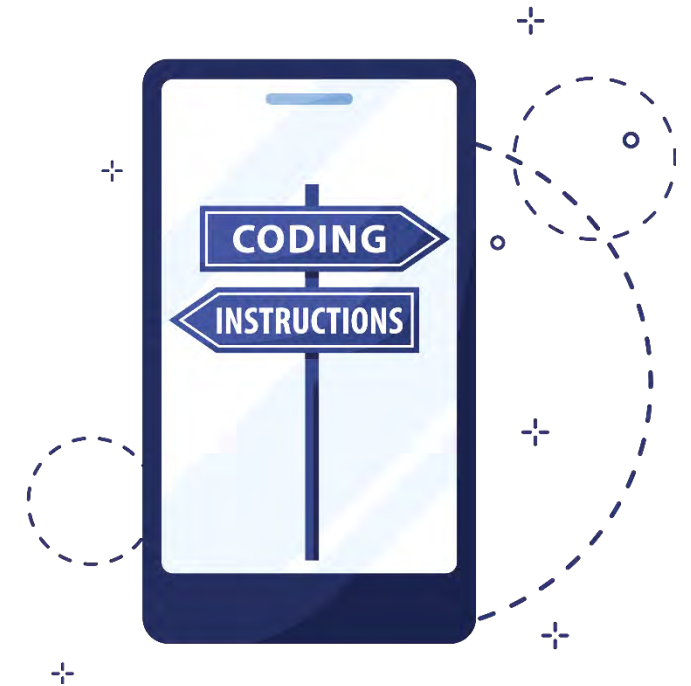
N2001: Coding Instructions (cont. 2)



- **Code 1, Yes, Issues found during review.**

Example:

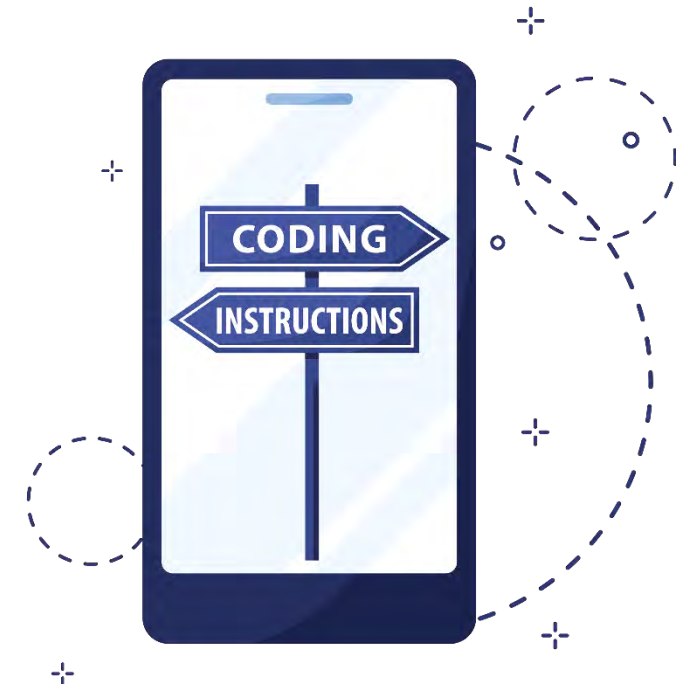
- Patient's medication(s) are **ineffective** for the diagnoses/symptoms for which they are prescribed and the clinician determines this is a potential or actual clinically significant medication issue.



N2001: Coding Instructions (cont. 3)



- **Code 9, No, Patient is not taking any medications**, if a drug regimen review was conducted at the time of the patient's admission and, per data sources/resources reviewed, there were no medications prescribed for the patient and the patient was not taking any medications **by any route** at the time of the assessment.



N2001: Coding Examples



- Language changed from “clinician” to “facility.”
- Example:
 - Patient’s acute care hospital discharge medication orders match the LTCH admission medication orders, patient’s medications are consistent with patient’s medical conditions, and patient exhibits no signs/symptoms of an adverse reaction caused by medication(s). As such, the **facility** determines there are no potential or actual clinically significant medication issues.



N2003

Revisions to Item Rationale and Steps for Assessment

N2003: Item Rationale



Physician (or physician-designee) prescribed/recommended actions in response to identified potential or actual clinically significant medication issues must be completed **by the facility by midnight of the next calendar day at the latest to reduce** patient harm.



N2003: Steps for Assessment



- This item is completed if one or more potential or actual clinically significant medication issues were identified during the admission drug regimen review (N2001 = 1).



N2003: Steps for Assessment (cont.)



Revised Guidance:

Determine if the following criteria were met for all potential and actual clinically significant medication issues that were identified upon admission drug regimen review:

- Two-way communication between the **facility** and the physician (or physician-designee) was completed by midnight of the next calendar day, AND
- All **actions** prescribed **or** recommended **by the physician (or physician-designee)** were completed by midnight of the next calendar day.



N2003: Coding Instructions



- **Code 0, No**, if the facility did not contact the physician and complete prescribed/recommended actions in response to each potential or actual clinically significant medication issue by midnight of the next calendar day.
- **Code 1, Yes**, if the facility contacted the physician AND completed the prescribed/recommended actions by midnight of the next calendar day after each potential or actual clinically significant medication issue was identified.
- Coding examples: All references to clinician changed to facility.



N2005

Revisions to Item Rationale, Steps for Assessment, and Coding Instructions

N2005: Item Rationale



Revised Guidance:

- Physician (or physician-designee) prescribed/recommended actions in response to identified potential or actual clinically significant medication issues **must be completed by the facility by midnight of the next calendar day at the latest to reduce** patient harm.

Removed Guidance:

Every time a clinically significant medication issue is identified throughout the patient stay, the clinically significant medication issue must be communicated to a physician (or physician-designee) and the physician (or physician-designee) prescribed/recommended actions must be completed by the clinician in a timeframe that reduces the risk for medication errors and patient harm.



N2005: Steps for Assessment



Updated Guidance:

- Complete only if A0250 = 10 Planned Discharge, A0250 = 11 Unplanned Discharge, or A0250 = 12 Expired.



N2005: Steps for Assessment (cont.)



- Review the patient's medical record to determine whether any potential and actual clinically significant medication issues were identified upon admission and throughout the patient's stay.
- Determine if the following criteria were met for all potential and actual clinically significant medication issues that were identified upon admission or at any time during the patient's stay (admission through discharge):
 - Two-way communication between the facility and the physician (or physician-designee) was completed by midnight of the next calendar day, AND
 - All actions prescribed or recommended by the physician (or physician-designee) were completed by midnight of the next calendar day.



N2005: Coding Instructions and Tips



- All references to clinician in coding examples changed to facility.
- If the physician (or physician-designee) **prescribed/recommended** action will take longer than midnight of the next calendar day to complete, then **code 1, Yes**, should still be entered, **if** by midnight of the next calendar day, the **facility** has taken **whatever actions are possible** to comply with the recommended action.



Summary



- Section N contains one new medication item for IRF and LTCH:
 - N0415. High-Risk Drug Classes: Use and Indication
- General revisions were made to the guidance for the Section N DRR items to enhance clarity and include gender-neutral language.

Submitting Questions

- If you have questions about this presentation, please submit them to PACTraining@Econometricalnc.com by June 3, 2022.
- Select questions will be answered in a Q&A session during the June 2022 virtual live event.

