



IRF and LTCH Virtual Training Program – Part 2

Section N. Medications New Item and Revisions Workshop

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June 15, 2022



Overview of Changes

- New assessment item.
 - **N0415. High-Risk Drug Classes: Use and Indication.**
- Updated and revised to enhance clarity.
 - **N2001: Drug Regimen Review.**
 - **N2003: Medication Follow-Up.**
 - **N2005: Medication Intervention.**



N0415

Practice Coding Scenarios

N0415. High-Risk Drug Classes: Use and Indication

ADMISSION
AND
DISCHARGE

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

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

Check all that apply



A. Antipsychotic

☐☐

E. Anticoagulant

☐☐

F. Antibiotic

☐☐

H. Opioid

☐☐

I. Antiplatelet

☐☐

J. Hypoglycemic (including insulin)

☐☐

Z. None of the above

☐

N0415: Practice Scenario 1

- The patient indicates that the only medication they take is diphenhydramine.
- This medication is documented on the order sheet with an indication for use due to seasonal allergies.





How would you code N0415. High-Risk Drug Classes: Use and Indication for the patient at admission?

- A. No medications would be checked.
- B. Check N0415Z. None of the above in column 1.
- C. Check N0415F. Antibiotic, in column 1 and column 2.
- D. Check N0415F. Antibiotic and N0415Z. None of the above in column 1 and leave column 2 blank.





How would you code N0415. High-Risk Drug Classes: Use and Indication for the patient at admission?



- A. No medications would be checked.
- B. Check N0415Z. None of the above in column 1.**
- C. Check N0415F. Antibiotic, in column 1 and column 2.
- D. Check N0415F. Antibiotic and N0415Z. None of the above in column 1 and leave column 2 blank.



N0415: Practice Scenario 1 – Rationale

Answer: The answer is B, Check **N0415Z. None of the above** in column 1.

Rationale: The patient indicates they are only taking diphenhydramine and are not taking any of the medications in the high-risk drug class list.



N0415: Practice Scenario 2

- During the admission assessment, a documentation review for the patient indicates that they are taking edoxaban and glipizide.
- The documentation also indicates the patient has type 2 diabetes and is taking glipizide to control high blood sugar.
- There is no indication documented for the edoxaban.




How would you code N0415. High-Risk Drug Classes: Use and Indication for the patient at admission?

- A. No medications would be checked.
- B. Check N0415E. Anticoagulant and N0415J. Hypoglycemic in column 1. Leave column 2 blank.
- C. Check N0415E. Anticoagulant and N0415J. Hypoglycemic in column 1 and column 2.
- D. Check N0415E. Anticoagulant and N0415J. Hypoglycemic in column 1. Check N0415J. Hypoglycemic in column 2.



How would you code N0415. High-Risk Drug Classes: Use and Indication for the patient at admission?

- A. No medications would be checked.
- B. Check N0415E. Anticoagulant and N0415J. Hypoglycemic in column 1. Leave column 2 blank.
- C. Check N0415E. Anticoagulant and N0415J. Hypoglycemic in column 1 and column 2.
-  **D. Check N0415E. Anticoagulant and N0415J. Hypoglycemic in column 1. Check N0415J. Hypoglycemic in column 2.**



N0415: Practice Scenario 2 – Rationale

Answer: The answer is D, Check **N0415E. Anticoagulant** and **N0415J. Hypoglycemic** in column 1 (Is taking). Check **N0415J. Hypoglycemic** in column 2 (Indication noted).

Rationale: Column 2 would not be checked for **N0415E. Anticoagulant** because there was no indication documented for the edoxaban.

N0415: Practice Scenario 3

- The patient is being discharged today.
- The documentation indicates that they have been taking lithium and clozapine for bipolar disorder for several years and will continue to take these medications.





How would you code N0415. High-Risk Drug Classes: Use and Indication for the patient at discharge?

- A. Check N0415A. Antipsychotic in column 1 and 2.
- B. No medications would be checked.
- C. Check N0415A. Antipsychotic in column 1 and leave column 2 blank.
- D. Leave column 1 blank and Check N0415A. Antipsychotic in column 2.





How would you code N0415. High-Risk Drug Classes: Use and Indication for the patient at discharge?



A. Check N0415A. Antipsychotic in column 1 and 2.

B. No medications would be checked.

C. Check N0415A. Antipsychotic in column 1 and leave column 2 blank.

D. Leave column 1 blank and Check N0415A. Antipsychotic in column 2.

N0415: Practice Scenario 3 – Rationale

Answer: The answer is A, **Check N0415A. Antipsychotic in column 1 and 2.**

Rationale: The patient's documentation for the medications they take for bipolar disorder only includes one medication, clozapine, that is listed as a high-risk drug. Therefore, only **N0415A. Antipsychotic** is checked.

N2001–N2005

Practice Coding Scenarios

N2001: Drug Regimen Review

N2001. Drug Regimen Review

Enter Code

Did a complete drug regimen review identify potential clinically significant medication issues?

- 0. **No - No issues found during review** → *Skip to O0110, Special Treatments, Procedures, and Programs*
- 1. **Yes - Issues found during review** → *Continue to N2003, Medication Follow-up*
- 9. **Not applicable - Patient is not taking any medications** → *Skip to O0110, Special Treatments, Procedures, and Programs*



N2003: Medication Follow-Up

N2003. Medication Follow-up	
Enter Code <div></div>	<p>Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/ recommended actions in response to the identified potential clinically significant medication issues?</p> <p>0. No 1. Yes</p>



N2005: Medication Intervention

N2005. Medication Intervention	
Enter Code <input type="text"/>	<p>Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?</p> <ul style="list-style-type: none">0. No1. Yes9. Not applicable - There were no potential clinically significant medication issues identified since admission or patient is not taking any medications

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.



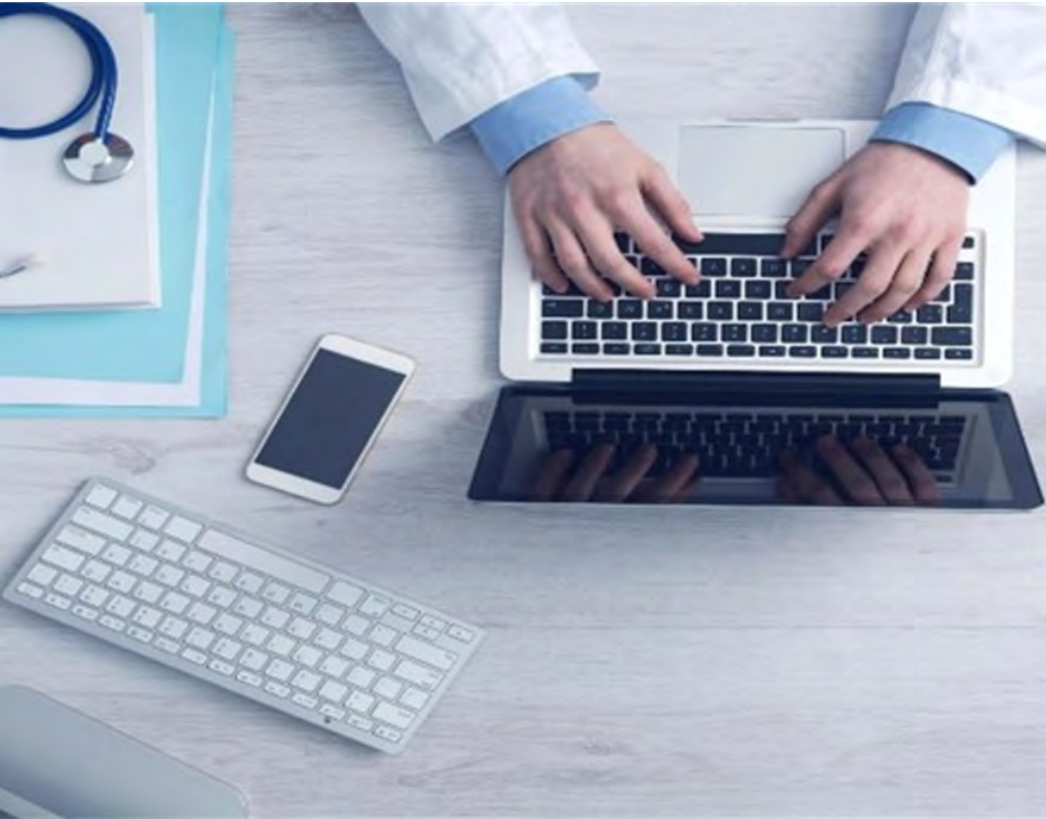
N2001. Steps for Assessment – Step 4 (cont.)



- 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).
 - Any of the circumstances listed above 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 – N2005: Practice Scenario 4



The following scenario will be used to code: N2001, N2003, and N2005.

- The patient was admitted to the facility and their healthcare records were transferred from the discharging acute care hospital.
- The facility physician notices that the most recent medication administration record (MAR) from the acute care hospital indicates that the patient was receiving long-acting insulin.
- The final discharge medication list sent with the patient does not include this medication.

N2001 – N2005: Practice Scenario 4 (cont.)

- Within an hour, the physician telephones the acute care hospital and speaks to the discharging clinician who confirms that the patient should be prescribed this medication due to their history of diabetes.
- The facility physician orders the long-acting insulin immediately after the telephone call with the acute care discharging clinician.
- No other potential clinically significant medication issues were identified during the remainder of the patient's stay.

How would you code N2001. Drug Regimen Review and N2003. Medication Follow-up at admission?

- A. Code 0. No – No issues found during review for N2001. Drug Regimen Review and Code 1. Yes, for N2003. Medication Follow-up.
- B. Code 0. No – No issues found during review for N2001. Drug Regimen Review and Code 0. No, for N2003. Medication Follow-up.
- C. Code 1. Yes – Issues found during review for N2001. Drug Regimen Review and Code 1. Yes, for N2003. Medication Follow-up.
- D. Code 1. Yes – Issues found during review for N2001. Drug Regimen Review and Code 0. No, for N2003. Medication Follow-up.



How would you code N2001. Drug Regimen Review and N2003. Medication Follow-up at admission?

- A. Code 0. No – No issues found during review for N2001. Drug Regimen Review and Code 1. Yes, for N2003. Medication Follow-up.
- B. Code 0. No – No issues found during review for N2001. Drug Regimen Review and Code 0. No, for N2003. Medication Follow-up.
- C. Code 1. Yes – Issues found during review for N2001. Drug Regimen Review and Code 1. Yes, for N2003. Medication Follow-up.**
- D. Code 1. Yes – Issues found during review for N2001. Drug Regimen Review and Code 0. No, for N2003. Medication Follow-up.



N2001 – N2005: Practice Scenario 4 – Rationale

Answer: The answer is C, **Code 1. Yes – Issues found during review** for N2001. Drug Regimen Review.

Rationale: During the drug regimen review, the facility physician identified a potential clinically significant medication issue (discrepancy in medication lists) that warranted notification and communication with the acute care discharging clinician (physician-designee) for recommendations/orders before midnight of the next calendar day.

N2001 – N2005: Practice Scenario 4 – Rationale (cont.)

Answer: The answer is C, **Code 1. Yes**, for N2003. Medication Follow-up.

Rationale: The identified clinically significant medication issue was resolved by midnight of the next calendar day. (In this case, before midnight of the next calendar day, the physician followed-up with the acute care discharging clinician (physician-designee) to resolve the discrepancy and the physician ordered the needed medication.)

How would you code N2005. Medication Intervention at discharge?

- A. Code 0. No.
- B. Code 9. Not applicable – There were no potentially clinically significant medication issues identified since admission or patient is not taking any medications.
- C. Code 1. Yes.





How would you code N2005. Medication Intervention at discharge?

- A. Code 0. No.
- B. Code 9. Not applicable – There were no potentially clinically significant medication issues identified since admission or patient is not taking any medications.



C. Code 1. Yes.



N2001 – N2005: Practice Scenario 4 – Rationale

Answer: The answer is C, **Code 1. Yes**, for N2005. Medication Intervention.

Rationale: The only clinically significant medication issue identified at admission was resolved by midnight of the next calendar day and no other potential medically significant medication issues were identified during the remainder of the patient's stay.

N2001 – N2005: Practice Scenario 5

The following scenario will be used to code: N2001, N2003, and N2005.

- The patient is admitted to an IRF/LTCH with a recent history of a traumatic brain injury.
- A drug regimen review is completed by the pharmacy and identifies that the patient is on deep vein thrombosis (DVT) prophylaxis and is on two different antipsychotic medications, one prescribed during the patient's recent acute care hospitalization and another one newly prescribed by the admitting facility physician.
- The pharmacist contacts the facility physician and leaves a message providing notification of the potential duplicative drug therapy upon discovery of the issue.



N2001 – N2005: Practice Scenario 5 (cont.)

- The following morning, the facility physician discontinues one of the antipsychotic medications and notifies the nursing staff who discontinued the medication from the MAR.
- Five days later, the patient has a planned bedside procedure and their DVT prophylaxis is held.
- The following day, the facility physician noted that this medication should have been restarted earlier that morning and the order was immediately placed.
- This information was then communicated to the nursing staff and the medication was administered. No additional clinically significant issues were identified during the rest of the stay.

How would you code N2001. Drug Regimen Review and N2003. Medication Follow-up at admission?

- A. Code 0. No – No issues found during review for N2001. Drug Regimen Review and Code 1. Yes, for N2003. Medication Follow-up
- B. Code 0. No – No issues found during review for N2001. Drug Regimen Review and Code 0. No, for N2003. Medication Follow-up.
- C. Code 1. Yes – Issues found during review for N2001. Drug Regimen Review and Code 1. Yes, for N2003. Medication Follow-up.
- D. Code 1. Yes – Issues found during review for N2001. Drug Regimen Review and Code 0. No, for N2003. Medication Follow-up.



How would you code N2001. Drug Regimen Review and N2003. Medication Follow-up at admission?

- A. Code 0. No – No issues found during review for N2001. Drug Regimen Review and Code 1. Yes, for N2003. Medication Follow-up
- B. Code 0. No – No issues found during review for N2001. Drug Regimen Review and Code 0. No, for N2003. Medication Follow-up.
- C. Code 1. Yes – Issues found during review for N2001. Drug Regimen Review and Code 1. Yes, for N2003. Medication Follow-up.**
- D. Code 1. Yes – Issues found during review for N2001. Drug Regimen Review and Code 0. No, for N2003. Medication Follow-up.



N2001 – N2005: Practice Scenario 5 – Rationale

Answer: The answer is C, **Code 1. Yes – Issues found during review** for N2001. Drug Regimen Review.

Rationale: During the drug regimen review, the pharmacist identified a potential clinically significant medication issue (duplicative drug therapy) that warranted notification and communication with the physician/physician-designee for recommendations/orders before midnight of the next calendar day.

N2001 – N2005: Practice Scenario 5 – Rationale (cont.)

Answer: The answer is C, **Code 1. Yes**, for N2003. Medication Follow-up.

Rationale: The identified clinically significant medication issue was resolved by midnight of the next calendar day. (In this case, the pharmacist identified a potentially clinically significant medication issue, followed-up with the physician regarding duplicative drug therapy; and the physician resolved the issue by discontinuing one of the medications and notifying the nursing staff by midnight of the next calendar day.)



How would you code N2005. Medication Intervention at discharge?

- A. Code 0. No.
- B. Code 9. Not applicable – There were no potentially clinically significant medication issues identified since admission or patient is not taking any medications.
- C. Code 1. Yes.





How would you code N2005. Medication Intervention at discharge?

- A. Code 0. No.
- B. Code 9. Not applicable – There were no potentially clinically significant medication issues identified since admission or patient is not taking any medications.



C. Code 1. Yes.



N2001 – N2005: Practice Scenario 5 – Rationale

Answer: The answer is C, **Code 1. Yes**, for N2005. Medication Intervention.

Rationale: All clinically significant medication issues identified at admission and throughout the patient stay (admission through discharge) were resolved by midnight of the next calendar day.

N2001 and N2003: Practice Scenario 6

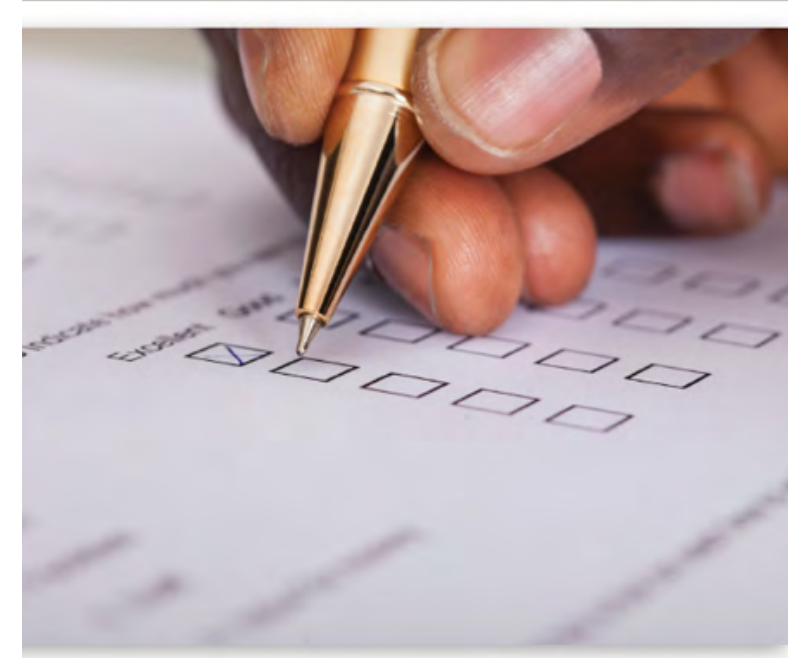
The following scenario will be used to code: N2001 and N2003.

- The patient is in severe pain on admission to the IRF/LTCH following their recent surgery for spinal stenosis.
- The patient is scheduled to receive two tablets of extra-strength acetaminophen every 6 hours. In addition, other as needed (PRN) pain medications are ordered including ibuprofen and hydrocodone-acetaminophen.
- A drug regimen review is completed later that afternoon which identifies that the patient is scheduled to receive the maximum dose of acetaminophen for a 24-hour period but is also ordered hydrocodone-acetaminophen PRN, which could potentially result in an acetaminophen overdose.



N2001 and N2003: Practice Scenario 6 (cont.)

- The clinician completing the drug regimen review contacts the facility physician who states they will review the medications later today and make any necessary changes.
- Following the facility's protocol, the clinician documents their conversation with the physician.
- However, the physician forgets to change the order that day.
- Two days later, the physician is paged to assess the patient for ongoing pain and upon review of the patient's current medication list sees that the hydrocodone-acetaminophen was not discontinued.
- The physician immediately discontinues this medication and initiates an alternative PRN medication that does not contain acetaminophen.






How would you code N2001. Drug Regimen Review and N2003. Medication Follow-up at admission?

- A. Code 0. No – No issues found during review for N2001. Drug Regimen Review and Code 1. Yes, for N2003. Medication Follow-up
- B. Code 0. No – No issues found during review for N2001. Drug Regimen Review and Code 0. No, for N2003. Medication Follow-up.
- C. Code 1. Yes – Issues found during review for N2001. Drug Regimen Review and Code 1. Yes, for N2003. Medication Follow-up.
- D. Code 1. Yes – Issues found during review for N2001. Drug Regimen Review and Code 0. No, for N2003. Medication Follow-up.





How would you code N2001. Drug Regimen Review and N2003. Medication Follow-up at admission?

- A. Code 0. No – No issues found during review for N2001. Drug Regimen Review and Code 1. Yes, for N2003. Medication Follow-up.
- B. Code 0. No – No issues found during review for N2001. Drug Regimen Review and Code 0. No, for N2003. Medication Follow-up.
- C. Code 1. Yes – Issues found during review for N2001. Drug Regimen Review and Code 1. Yes, for N2003. Medication Follow-up.
-  **D. Code 1. Yes – Issues found during review for N2001. Drug Regimen Review and Code 0. No, for N2003. Medication Follow-up.**

N2001 and N2003: Practice Scenario 6 – Rationale

Answer: The answer is D, **Code 1. Yes – Issues found during review** for N2001. Drug Regimen Review.

Rationale: During the drug regimen review, using clinical judgment, the clinician identified a potential clinically significant medication issue (potential for acetaminophen overdose) that warranted notification and communication with the physician/physician-designee for recommendations/orders before midnight of the next calendar day.

N2001 and N2003: Practice Scenario 6 – Rationale (cont.)

Answer: The answer is D, **Code 0. No**, for N2003. Medication Follow-up.

Rationale: The identified clinically significant medication issue (potential for acetaminophen overdose) was not resolved by midnight of the next calendar day.

Key Insights

- N0415:
 - Code medications according to the medication's therapeutic category and/or drug classification, regardless of why the patient is taking it.
 - Code only medications classified as high-risk drugs.
 - In order to check column 2 for any high-risk medication, an indication must be provided.



Key Insights (cont.)

- N2001 – N2005:
 - A drug regimen review is performed to identify, and if possible, prevent potential clinically significant medication issues.
 - Medication follow-up is 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.
 - Only clinically significant medication issues identified need to be resolved by midnight of the next calendar day

