

Track Changes
from Chapter 3 Section N v1.14
to Chapter 3 Section N v1.15

Chapter	Section	Page	Change
3	—	N-1	<p>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 (subcutaneous, intramuscular or intradermal), insulin, and/or select medications were received by the resident.</p> <p>In addition, an Antipsychotic Medication Review has been included. 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.</p>
3	N0300–N0450	N-1–N-13	Page length changed due to revised content.
3	N0300	N-2	<p>Coding Instructions</p> <p><i>Record the number of days during the 7-day look-back period (or since admission/entry or reentry if less than 7 days) that the resident received any type of medication, antigen, vaccine, etc., by subcutaneous, intramuscular, or intradermal injection.</i></p> <p><i>Insulin injections are counted in this item as well as in Item N0350.</i></p> <ul style="list-style-type: none"> Count the number of days that the resident received any type of injection (subcutaneous, intramuscular, or intradermal) while a resident of the nursing home. Record the number of days that any type of injection (e.g., subcutaneous, intramuscular, or intradermal) was received in Item N0300.

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3	N0410	N-4	<p>Updated N0410. Medications Received to include H. Opioid. Replaced screenshot.</p> <p>OLD</p> <table><tr><th colspan="2">N0410. Medications Received</th></tr><tr><td colspan="2">Indicate the number of DAYS the resident received the following 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. Enter "0" if medication was not received by the resident during the last 7 days</td></tr><tr><td>Enter Days <input type="text"/></td><td>A. Antipsychotic</td></tr><tr><td>Enter Days <input type="text"/></td><td>B. Antianxiety</td></tr><tr><td>Enter Days <input type="text"/></td><td>C. Antidepressant</td></tr><tr><td>Enter Days <input type="text"/></td><td>D. Hypnotic</td></tr><tr><td>Enter Days <input type="text"/></td><td>E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)</td></tr><tr><td>Enter Days <input type="text"/></td><td>F. Antibiotic</td></tr><tr><td>Enter Days <input type="text"/></td><td>G. Diuretic</td></tr></table> <p>NEW</p> <table><tr><th colspan="2">N0410. Medications Received</th></tr><tr><td colspan="2">Indicate the number of DAYS the resident received the following 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. Enter "0" if medication was not received by the resident during the last 7 days</td></tr><tr><td>Enter Days <input type="text"/></td><td>A. Antipsychotic</td></tr><tr><td>Enter Days <input type="text"/></td><td>B. Antianxiety</td></tr><tr><td>Enter Days <input type="text"/></td><td>C. Antidepressant</td></tr><tr><td>Enter Days <input type="text"/></td><td>D. Hypnotic</td></tr><tr><td>Enter Days <input type="text"/></td><td>E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)</td></tr><tr><td>Enter Days <input type="text"/></td><td>F. Antibiotic</td></tr><tr><td>Enter Days <input type="text"/></td><td>G. Diuretic</td></tr><tr><td>Enter Days <input type="text"/></td><td>H. Opioid</td></tr></table>	N0410. Medications Received		Indicate the number of DAYS the resident received the following 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. Enter "0" if medication was not received by the resident during the last 7 days		Enter Days <input type="text"/>	A. Antipsychotic	Enter Days <input type="text"/>	B. Antianxiety	Enter Days <input type="text"/>	C. Antidepressant	Enter Days <input type="text"/>	D. Hypnotic	Enter Days <input type="text"/>	E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)	Enter Days <input type="text"/>	F. Antibiotic	Enter Days <input type="text"/>	G. Diuretic	N0410. Medications Received		Indicate the number of DAYS the resident received the following 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. Enter "0" if medication was not received by the resident during the last 7 days		Enter Days <input type="text"/>	A. Antipsychotic	Enter Days <input type="text"/>	B. Antianxiety	Enter Days <input type="text"/>	C. Antidepressant	Enter Days <input type="text"/>	D. Hypnotic	Enter Days <input type="text"/>	E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)	Enter Days <input type="text"/>	F. Antibiotic	Enter Days <input type="text"/>	G. Diuretic	Enter Days <input type="text"/>	H. Opioid
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3	N0410	N-6	<p>Coding Instructions</p> <ul style="list-style-type: none">N0410A–GH: Code medications according to the pharmacological classification, not how they are being used.																																						
3	N0410	N-7	<ul style="list-style-type: none">N0410G, Diuretic: Record the number of days a diuretic medication was received by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days).N0410H, Opioid: Record the number of days an opioid medication was received by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days).																																						

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3	N0410	N-7	<p>Coding Tips and Special Populations</p> <ul style="list-style-type: none"> Code medications in Item N0410 according to the medication's therapeutic category and/or pharmacological classification, not how it is used. For example, although oxazepam may be prescribed for use as a hypnotic, it is categorized as an antianxiety medication. Therefore, in this section, it would be coded as an antianxiety medication and not as a hypnotic. 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. For example, prochlorperazine is dually classified as an antipsychotic and an antiemetic. Therefore, in this section, it would be coded as an antipsychotic, regardless of how it is used.
3	N0410	N-8	<p>Added bold for emphasis on “both” in the following bullet:</p> <ul style="list-style-type: none"> Combination medications should be coded in all categories/pharmacologic classes that constitute the combination. For example, if the resident receives a single tablet that combines an antipsychotic and an antidepressant, then both antipsychotic and antidepressant categories should be coded.
3	N0410	N-8	<ul style="list-style-type: none"> Over-the-counter sleeping medications are not coded as hypnotics, as they are not categorized as hypnotic medications. In circumstances where reference materials vary in identifying a medication's therapeutic category and/or pharmacological classification, consult the resources/links cited in this section or consult the medication package insert, which is available through the facility's pharmacy or the manufacturer's website.
3	N0410	N-9	<ul style="list-style-type: none"> 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. Anticoagulants must be monitored with dosage frequency determined by clinical circumstances, and duration of use.; Certain anticoagulants require and stability of monitoring via laboratory results (e.g., Prothrombin Time [PT]/International Normalization Ratio [INR]).

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3	N0410	N-9– N-10	<ul style="list-style-type: none"> • Anticoagulants such as Target Specific Oral Anticoagulants (TSOACs), which may or may not require laboratory monitoring, should be coded in N0410E, Anticoagulant. • 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 http://www.fda.gov/food/dietarysupplements/usingdietarysupplements/. • 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.
3	N0410	N-10	<p>Additional information on psychoactive medications can be found in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (or subsequent editions) (http://www.psychiatry.org/practice/dsmhttps://www.psychiatry.org/g/psychiatrists/practice/dsm)</p>

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3	N0450	N-11	<p>N0450: Antipsychotic Medication Review</p> <p>N0450. Antipsychotic Medication Review</p> <p>Enter Code <input type="checkbox"/> A. Did the resident receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever is more recent?</p> <p>0. No - Antipsychotics were not received → Skip to O0100, Special Treatments, Procedures, and Programs</p> <p>1. Yes - Antipsychotics were received on a routine basis only → Continue to N0450B, Has a GDR been attempted?</p> <p>2. Yes - Antipsychotics were received on a PRN basis only → Continue to N0450B, Has a GDR been attempted?</p> <p>3. Yes - Antipsychotics were received on a routine and PRN basis → Continue to N0450B, Has a GDR been attempted?</p> <p>Enter Code <input type="checkbox"/> B. Has a gradual dose reduction (GDR) been attempted?</p> <p>0. No → Skip to N0450D, Physician documented GDR as clinically contraindicated</p> <p>1. Yes → Continue to N0450C, Date of last attempted GDR</p> <p>C. Date of last attempted GDR:</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p> <p>Enter Code <input type="checkbox"/> D. Physician documented GDR as clinically contraindicated</p> <p>0. No - GDR has not been documented by a physician as clinically contraindicated → Skip to O0100, Special Treatments, Procedures, and Programs</p> <p>1. Yes - GDR has been documented by a physician as clinically contraindicated → Continue to N0450E, Date physician documented GDR as clinically contraindicated</p> <p>E. Date physician documented GDR as clinically contraindicated:</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p>
3	N0450	N-11– N-12	<p>Item Rationale</p> <p>Health-related Quality of Life</p> <ul style="list-style-type: none"> • The use of unnecessary medications in long term care settings can have a profound effect on the resident's quality of life. • Antipsychotic medications are associated with increased risks for adverse outcomes that can affect health, safety, and quality of life. • In addition to assuring that antipsychotic medications are being utilized to treat the resident's condition, it is also important to assess the need to reduce these medications whenever possible.
3	N0450	N-12	<p>Planning for Care</p> <ul style="list-style-type: none"> • Identify residents receiving antipsychotic medications to ensure that each resident is receiving the lowest possible dose to achieve the desired therapeutic effects. • Monitor for appropriate clinical indications for continued use. • Implement a system to ensure gradual dose reductions (GDR) are attempted at recommended intervals unless clinically contraindicated.

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3	N0450	N-12	<p>Steps for Assessment</p> <ol style="list-style-type: none"> 1. Review the resident's medication administration records to determine if the resident received an antipsychotic medication since admission/entry or reentry or the prior OBRA assessment, whichever is more recent. 2. If the resident received an antipsychotic medication, review the medical record to determine if a gradual dose reduction has been attempted. 3. If a gradual dose reduction was not attempted, review the medical record to determine if there is physician documentation that the GDR is clinically contraindicated.
3	N0450	N-12	<p>Coding Instructions for N0450A</p> <ul style="list-style-type: none"> • Code 0, no: if antipsychotics were not received: Skip to O0100, Special Treatments, Procedures, and Programs • Code 1, yes: if antipsychotics were received on a routine basis only: Continue to N0450B, Has a GDR been attempted? • Code 2, yes: if antipsychotics were received on a PRN basis only: Continue to N0450B, Has a GDR been attempted? • Code 3, yes: if antipsychotics were received on a routine and PRN basis: Continue to N0450B, Has a GDR been attempted?
3	N0450	N-12	<p>Coding Instructions for N0450B</p> <ul style="list-style-type: none"> • Code 0, no: if a GDR has not been attempted. Skip to N0450D, Physician documented GDR as clinically contraindicated. • Code 1, yes: if a GDR has been attempted. Continue to N0450C, Date of last attempted GDR.
3	N0450	N-12	<p>Coding Instructions for N0450C</p> <ul style="list-style-type: none"> • Enter the date of the last attempted Gradual Dose Reduction.

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3	N0450	N-13	<p>Coding Instructions for N0450D</p> <ul style="list-style-type: none"> • Code 0, no: if a GDR has not been documented by a physician as clinically contraindicated. Skip to O0100, Special Treatments, Procedures, and Programs. • Code 1, yes: if a GDR has been documented by a physician as clinically contraindicated. Continue to N0450E, Date physician documented GDR as clinically contraindicated.
3	N0450	N-13	<p>Coding Instructions for N0450E</p> <ul style="list-style-type: none"> • Enter date the physician documented GDR attempts as clinically contraindicated.

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3	N0450	N-13	<p>Coding Tips and Special Populations</p> <ul style="list-style-type: none"> Any medication that has a pharmacological classification or therapeutic category as an antipsychotic medication must be recorded in this section, regardless of why the medication is being used. In this section, the term physician also includes physician assistant, nurse practitioner, or clinical nurse specialist. Do not include Gradual Dose Reductions that occurred prior to admission to the facility (e.g., GDRs attempted during the resident's acute care stay prior to admission to the facility). Physician documentation indicating dose reduction attempts are clinically contraindicated must include the clinical rationale for why an attempted dose reduction is inadvisable. This decision should be based on the fact that tapering of the medication would not achieve the desired therapeutic effects and the current dose is necessary to maintain or improve the resident's function, well-being, safety, and quality of life. Within the first year in which a resident is admitted on an antipsychotic medication or after the facility has initiated an antipsychotic medication, the facility must attempt a GDR in two separate quarters (with at least one month between the attempts), unless physician documentation is present in the medical record indicating a GDR is clinically contraindicated. After the first year, a GDR must be attempted at least annually, unless clinically contraindicated. Do not count an antipsychotic medication taper performed for the purpose of switching the resident from one antipsychotic medication to another as a GDR in this section.

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3	N0450	N-13	<ul style="list-style-type: none"> • In cases where a resident is or was receiving multiple antipsychotic medications on a routine basis, and one medication was reduced or discontinued, record the date of the reduction attempt or discontinuation in N0450C, Date of last attempted GDR. • If multiple dose reductions have been attempted since admission/entry or reentry or the prior OBRA assessment, record the date of the most recent reduction attempt in N0450C, Date of last attempted GDR. • Federal requirements regarding GDRs are found at 42 CFR §483.45(d) Unnecessary drugs and 483.45(e) Psychotropic drugs.