Track Changes
from Chapter 3 Section N v1.19.1
to Chapter 3 Section N v1.20.1

Chapter	Section	Page(s) in version 1.20.1	Change
3	—	—	Hyperlinks in this section have been revised to reflect up-to-date locations.
3	N0415	N-9	• Facilities may wish to identify a resource that their staff consistently use to identify pharmacological classification as assessors should be able to identify the source(s) used to support coding the MDS 3.0. • Assessors should consult the manufacturer's package insert, which may contain the medication's pharmacological classification. They can also work with the resident's pharmacist to confirm the medication classification(s) for a resident's medication(s).
3	N0415	N-9	• Anticoagulants such as Target Specific Oral Anticoagulants (TSOACs), which may or may not require laboratory monitoring, should be coded in N0415E, Anticoagulant. • Do not code flushes to keep an IV access patent in N0415E, Anticoagulant. • Code a medication even if it was given only once during the look-back period.
3	N0415	N-9	• 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. If necessary, request input from the consulting pharmacist.~~

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3	N0450	N-15	**Coding Tips and Special Populations (N0450B and N0450C)** • Compliance with the requirement to perform a GDR may be met if, for example, ~~W~~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~~ attempts a GDR in two separate quarters (with at least one month between the attempts), unless physician documentation is present in the medical record indicating that a GDR is clinically contraindicated. ~~After the first year, a GDR must be attempted at least annually, unless clinically contraindicated.~~ 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** ~~(see F758)~~in accordance with 42 CFR 483.45~~. The **State Operations Manual** can be found~~ at https://www.cms.gov/regulations-and-guidance/guidance/manuals/internet-only-manuals-ioms-items/cms1201984.