

Antipsychotic Medications Quality Measure (QM) Long Stay (LS) MDS Coding Tips

Quality Measure Overview

This measure reports the percentage of long-stay resident who are receiving antipsychotic drugs in the target period. If a resident was administered an antipsychotic medication in the target period, it will trigger the measure, unless there is an exclusion. Please note that this relates to assessments with target dates on or after 10/01/2023. Refer to the current [MDS 3.0 Quality Measures User's Manual](#) for additional details.

Exclusions:

- Resident's MDS is coded as not being assessed for the receipt of antipsychotic medications during the target assessment. In this case there is a "dash" in the box of MDS item N0415A1.
- Any of the following related conditions are present on the target assessment – noted as Active Diagnosis in Section I (unless otherwise indicated):
 - o Schizophrenia (I6000 = [1])
 - o Huntington's disease (I5250 = [1])
 - o Tourette's syndrome (I5350 = [1])
 - NOTE: If Tourette's Syndrome was marked on the prior assessment and is not active on the target assessment and if a prior assessment is available.

I: Active Diagnoses in the Last 7 Days (cont.)

Active Diagnoses in the last 7 days - Check all that apply	
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	
Neurological - Continued	
<input type="checkbox"/>	I4900. Hemiplegia or Hemiparesis
<input type="checkbox"/>	I5000. Paraplegia
<input type="checkbox"/>	I5100. Quadriplegia
<input type="checkbox"/>	I5200. Multiple Sclerosis (MS)
<input type="checkbox"/>	I5250. Huntington's Disease
<input type="checkbox"/>	I5300. Parkinson's Disease
<input type="checkbox"/>	I5350. Tourette's Syndrome
<input type="checkbox"/>	I5400. Seizure Disorder or Epilepsy
<input type="checkbox"/>	I5500. Traumatic Brain Injury (TBI)
Nutritional	
<input type="checkbox"/>	I5600. Malnutrition (protein or calorie) or at risk for malnutrition
Psychiatric/Mood Disorder	
<input type="checkbox"/>	I5700. Anxiety Disorder
<input type="checkbox"/>	I5800. Depression (other than bipolar)
<input type="checkbox"/>	I5900. Bipolar Disorder
<input type="checkbox"/>	I5950. Psychotic Disorder (other than schizophrenia)
<input type="checkbox"/>	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)
<input type="checkbox"/>	I6100. Post Traumatic Stress Disorder (PTSD)

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 ↓	
<input checked="" type="checkbox"/>	<input type="checkbox"/>

A. Antipsychotic

N0415A1 = [1]

For more guidance on completing the MDS appropriately, refer to the [RAI Manual Section N & Section I](#). This measure is used in the [Five Star Quality Rating System](#).

To explore QAPI opportunities at the system-wide, facility level:

Meet at least monthly as an Interdisciplinary Team (IDT), including the consultant pharmacist to review your CASPER Facility Level report and trends seen in your facility. Consider this Antipsychotic QM (LS) a priority if your facility's National Comparison Percentile (last column) is starred and ≥ 75 , if your facility rate is greater than the national average rate and/or your facility rate is greater than the state average rate.

Consider using a [prioritization tool](#) to guide your antipsychotic reduction efforts. View the Great Plains QIN [Antipsychotic Reduction Resident Prioritization Tool Tutorial](#). Go to the [Great Plains QIN Nursing Home Quality](#) webpage for additional tools and resources.

To explore QAPI opportunities at the resident level:

Meet at least monthly as an IDT, including the consultant pharmacist to review your CASPER Resident Level report. Do the individuals on this list match those you know are receiving antipsychotics? If not, could there be a coding error, such as one of the above diagnoses not being checked as a current, active diagnosis in Section I?

Look into any PRN (as needed) prescriptions for antipsychotic medications. Consider limiting PRN psychotropic or antipsychotic medication orders to 14 days and then review. Have these medications been used recently? If not, can we get them discontinued from orders? If so, why were they used – can we look for alternative, non-pharmacological interventions for the conditions for which they were prescribed? Does your staff need additional ideas for non-pharmacological interventions? Here are some [suggestions](#) to look further into.

Contact the Alzheimer's Association for support and to request care consultation. Call the 24/7 helpline at 800-272-3900.

The CMS Quality Improvement Organization website has collected many tools and resources to help your efforts to reduce antipsychotic meds and improve dementia care. [Access resources here](#).

Please refer to the current [MDS 3.0 Quality Measures User's Manual](#) and [MDS 3.0 Quality Measures User's Manual](#) [located in the downloads section] for additional details.

For guidance on quality measures and support in making improvements, please contact a member of our nursing home team; visit the [Who We Are](#) page for a listing of team members and contact information.

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