



**KEY PHARMACY RELATED CHANGES**

Citation	Guidance Overview	Additional Information
<b>F658/F659: Comprehensive Person-Centered Care Plans</b>	New guidance on care planning and services provided, stresses adherence to professional standards of practice.	<b>Rationale:</b> CMS has documented incidences of potential misdiagnosis of schizophrenia to allow for use of antipsychotics and exclusion of resident data from the long-stay antipsychotic quality measures. <b>Implications for non-adherence:</b> Facility or surveyor referral of the practitioner to State Medical Board or Board of Nursing.
<b>F755: Controlled Medications</b>	Updated interpretive guidance includes manufacturer instructions for disposal of used fentanyl patches.	<b>CMS fentanyl patch disposal guidance:</b> <ul style="list-style-type: none"><li>• Fold patch in half with sticky sides together and flush the folded patch.</li><li>• In states with restricted flushing laws, facilities can use approved drug disposal systems for fentanyl and other controlled substances. However, the facility must be able to demonstrate that the chosen system or product will minimize exposure and diversion.</li></ul>
<b>F757: Unnecessary Drugs</b> <b>F758: Psychotropic Drugs</b>	Allowance for the use of pharmacy generated utilization reports (e.g., antipsychotics) for QAPI trend identification.	<ul style="list-style-type: none"><li>• CMS outlined the risks associated with the use of psychotropic medications and have indicated that the requirements that pertain to the use of psychotropics will apply to all four categories of drugs (antipsychotic, anxiolytic, sedative-hypnotic and antidepressant) without exception.</li><li>• Additionally, CMS has identified medication classes (antihistamine, anticholinergics and central-nervous system agents) that affect brain activity and outlines that they now fall under the psychotropic requirements when the documented use appears to be a substitution for another psychotropic medication, rather than for the original or approved indication.</li><li>• Interpretive guidance identifies that Gradual Dose Reduction (GDR) should be done in a manner that minimizes withdrawal and addresses how to appropriately taper, and still meet compliance with the GDR requirements.</li><li>• Guidance directs surveyors to determine potential for psychosocial harm via interview of resident or staff to determine if medication side effects have affected the resident's quality of life, which can result in citation.</li></ul>

**1. Make sure we are not diagnosing schizophrenia incorrectly. Essentially no one presents with schizophrenia over 60 y/o and certainly not if they also have dementia.**

**2. The [F06 group of ICD10 codes](#) is useful to describe dementia associated psychiatric issues.**

[ICD-10-CM Diagnosis Code F06.0](#)

Psychotic disorder with hallucinations due to known physiological condition

[ICD-10-CM Diagnosis Code F06.1](#)

Catatonic disorder due to known physiological condition

[ICD-10-CM Diagnosis Code F06.2](#)

Psychotic disorder with delusions due to known physiological condition

[ICD-10-CM Diagnosis Code F06.3](#)



## Changes to CMS guidance for LTC

Mood disorder due to known physiological condition

[ICD-10-CM Diagnosis Code F06.4](#)

Anxiety disorder due to known physiological condition

[ICD-10-CM Diagnosis Code F06.8](#)

Other specified mental disorders due to known physiological condition

[ICD-10-CM Diagnosis Code F06.30](#)

Mood disorder due to known physiological condition, unspecified

[ICD-10-CM Diagnosis Code F06.31](#)

Mood disorder due to known physiological condition with depressive features

[ICD-10-CM Diagnosis Code F06.32](#)

Mood disorder due to known physiological condition with major depressive-like episode

[ICD-10-CM Diagnosis Code F06.33](#)

Mood disorder due to known physiological condition with manic features

[ICD-10-CM Diagnosis Code F06.34](#)

Mood disorder due to known physiological condition with mixed features