To: Facility Administrators, Directors of Nursing, RNACs, Medical Directors, Attending Physicians, Nurse Practitioners, Physician Assistants, Psychiatrists

Important Alert Regarding Potentially Inappropriate Use of “Schizophrenia” as a Diagnosis to Support Antipsychotic Use

Nursing facilities and prescribers are responsible for ensuring that the use of antipsychotic medications is medically necessary and consistent with reasonable standards of practice. The prescriber must diagnose a specific condition and document this condition in the medical record.


The most common reason for antipsychotic use in long-term care settings is the management of the behavioral and psychological symptoms of dementia (BPSD). While antipsychotic medications are frequently used to treat BPSD, their effectiveness in such situations is limited. In addition, they can be associated with significant adverse effects including increased mortality.

Unfortunately, in some cases, there may be limited alternative options available for treatment of BPSD. Use of antipsychotic medications may be indicated in such situations, or in situations where the BPSD pose significant distress or potential harm to the resident or others. In any case, the clinician and facility should ensure that alternative options have been considered and either attempted or ruled out for a valid reason.

CMS monitors and evaluates antipsychotic usage rates and diagnoses in all nursing homes across the country. These antipsychotic usage rates are publically reported and included in the CMS 5 Star rating system.
Based on their monitoring and the results of recent focused surveys, CMS has raised concerns that facilities and/or prescribers may be inappropriately using the diagnosis of schizophrenia or its related diagnoses to justify use of an antipsychotic. There may be several reasons for the inappropriate use of these diagnosis codes. However, facilities and prescribers should be mindful of this situation.

The diagnosis of schizophrenia (and related conditions such as schizoaffective disorder) requires a person to meet specific DSM V criteria. If these criteria are not met, the diagnosis should be reconsidered and / or avoided. We recognize that diagnostic uncertainty may exist in some cases. However, not all cases will present such challenges.

Correct diagnosis of a resident is important to ensure appropriate care and to avoid unnecessary treatments and potential harms.

Knowingly and deliberately using the diagnosis of schizophrenia in a resident without this condition in order to lower a facility’s reported antipsychotic usage rating could be considered fraud – on behalf of the facility and the provider.

We are providing this information to you to make you aware this situation has been reported by CMS. We would suggest that you review any resident who has a diagnosis of schizophrenia or associated conditions.

Respectfully,

David A. Nace, MD, MPH, CMD
Associate Professor of Medicine
Director, Long-Term Care
Division of Geriatric Medicine
Chief of Medical Affairs
UPMC Senior Communities