

Medication Reconciliation

*This measure is to be reported **each time** during the reporting period that a patient aged 65 and older is discharged from an inpatient facility and seen by the physician within 60 days following discharge.*

Measure description

Percentage of patients aged 65 years and older discharged from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) and seen within 60 days following discharge in the office by the physician providing on-going care who had a reconciliation of the discharge medications with the current medication list in the medical record documented

What will you need to report when a patient is discharged from an inpatient facility and seen within 60 days following discharge?

If you select this measure for reporting, you will:

- At each visit, ask your patient if he/she has been discharged from an inpatient facility within the last 60 days. If yes, you will report that the patient was discharged from any inpatient facility. If no, you will not need to report any information for this measure for this visit.

If the patient was discharged from an inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days, you will then need to report:

- Whether or not there was documentation that the discharge medications were reconciled with the current medication list in the outpatient medical record¹

What if this process or outcome of care is not appropriate for your patient?

Some measures provide an opportunity for the physician or non-physician provider to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

¹The medical record must indicate that the clinician is aware of the inpatient facility discharge medications and will either keep the inpatient facility discharge medications or change the inpatient facility discharge medications or the dosage of an inpatient facility discharge medication.

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PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information			Billing Information
Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 65 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
Patient was discharged from an inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days.	<input type="checkbox"/>	<input type="checkbox"/>	If Yes , report 1110F and proceed to Step 2
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet the measure?			
Discharge Medications and Current Medication List in the Outpatient Medical Record¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Reconciled	<input type="checkbox"/>	<input type="checkbox"/>	1111F
			If No is checked for the above, report 1111F-8P (Discharge medications were not reconciled with the current medication list in outpatient medical record, reason not otherwise specified.)

¹The medical record must indicate that the clinician is aware of the inpatient facility discharge medications and will either keep the inpatient facility discharge medications or change the inpatient facility discharge medications or the dosage of an inpatient facility discharge medication.

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Coding Specifications

Codes required to document a visit occurred:

A CPT E/M service code is required to identify patients to be included in this measure.

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office-new patient),
- 99212, 99213, 99214, 99215 (office-established patient)

Quality codes for this measure (at least one of the following for every eligible patient):

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 1110F:** Patient discharged from an inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days
- **CPT II 1111F:** Discharge medications reconciled with the current medication list in outpatient medical record
- **CPT II 1111F-8P:** Discharge medications were not reconciled with the current medication list in outpatient medical record, reason not otherwise specified

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