Universal Documentation and Verification of Current Medications in the Medical Record

*This measure is to be reported at **each** visit occurring during the reporting period for all patients aged 18 years and older.*

Measure description

Percentage of patients aged 18 years and older with written provider documentation that current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) were verified with the patient or authorized representative[1]

What will you need to report for each patient for this measure?

If you select this measure for reporting, you will report:

- Whether or not there is either verification of patient's current medications with dosages (including prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) or documentation that patient was assessed and is not currently on any medications.

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

There may be times when it is not appropriate to verify and document current medications, due to:

- Documented reasons (eg, patient refuses to participate, urgent medical or emergent medical situation and to delay treatment would jeopardize the patient's health status, patient is cognitively impaired and no authorized representative available)

In these cases, you will need to indicate that a documented reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report the G-code that represents these valid reasons (also called exclusions).

[1] A person who is acting on the patient's behalf and who does not have a conflict of interest with the patient, when the patient is temporarily or permanently unable to act for himself or herself. This person should have the patient's best interests at heart and should be reasonably expected to act in a manner that is protective of the person and the rights of the patient. Preferably, this individual is appointed by the patient.

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PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender ☐ Male ☐ 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 18 years and older.	☐	☐	Verify date of birth on claim form.
There is a CPT Procedure Code, CPT Service Code, or G-code for this visit.	☐	☐	Refer to coding specifications document for list of applicable codes.
If **No** is checked for any of the above, STOP. Do not report a G-code.			

Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			
Current Medications	**Yes**	**No**	**Code to be Reported on Line 24D of Paper Claim Form, if *Yes* (or Service Line 24 of Electronic Claim Form)**
Verified with the Patient[1]	☐	☐	G8427
Not verified for the following reason: • Documented reasons (eg, patient refuses to participate, urgent medical or emergent medical situation and to delay treatment would jeopardize the patient's health status, patient is cognitively impaired and no authorized representative available)	☐	☐	G8430
Document reason here and in medical chart. ______ ______ ______			If **No** is checked for **all** of the above, report G8428 (Current medications with dosages were documented without documented patient verification.) **OR** G8429 (Incomplete or no documentation that patient's current medications with dosages were assessed.)

[1]Includes documentation that patient was assessed and is not currently on any medications. Verification of medication may be provided by an authorized representative. An authorized representative is a person who is acting on the patient's behalf and who does not have a conflict of interest with the patient, when the patient is temporarily or permanently unable to act for himself or herself. This person should have the patient's best interests at heart and should be reasonably expected to act in a manner that is protective of the person and the rights of the patient. Preferably, this individual is appointed by the patient.

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Coding Specifications

Codes required to document a visit occurred:

A CPT procedure code, CPT service code, or HCPCS G-code is required to identify patients to be included in this measure.

CPT procedure codes

- 00140, 00142 (anesthesia for procedures on eye),
- 00170 (anesthesia for intraoral procedures),
- 00400, 00402 (anesthesia for procedures on the integumentary system on the extremities),
- 00810 (anesthesia for lower intestinal endoscopic procedures),
- 00832 (anesthesia for hernia repairs in lower abdomen),
- 00851 (anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy),
- 00910 (anesthesia for transurethral procedures),
- 00920 (anesthesia for procedures on male genitalia),
- 01380, 01382, 01400 (anesthesia for knee joint),
- 01732 (anesthesia for diagnostic arthroscopic procedures of elbow joint),
- 01810 (anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand),
- 01820 (anesthesia for all closed procedures on radius, ulna, wrist, or hand bones),
- 01829 (anesthesia for diagnostic arthroscopic procedures on the wrist)

OR

CPT service codes

- 90801 (psychiatric diagnostic interview examination),
- 90802 (interactive psychiatric diagnostic interview examination),
- 96116 (neurobehavioral status exam),
- 96150 (health and behavior assessment),
- 96152 (health and behavior intervention),
- 97001, 97002, 97003, 97004 (physical medicine and rehabilitation),
- 97802, 97803 (medical nutrition therapy)

OR

HCPCS G-codes

- G0101 (cervical or vaginal cancer screening; pelvic and clinical breast examination),
- G0108 (diabetes services),
- G0270 (medical nutrition therapy)

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

G-code descriptors

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

- ***G8427:*** Written provider documentation was obtained confirming that current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) were verified with the patient or authorized representative or patient assessed and is not currently on any medications
- ***G8430:*** Documentation that patient is not eligible for medication assessment
- ***G8428:*** Current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) were documented without documented patient verification
- ***G8429:*** Incomplete or no documentation that patient's current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) were assessed

These measures were developed by Quality Insights of Pennsylvania as a special project under the Quality Insights' Medicare Quality Improvement Organization (QIO) contract HHSM-500-2005-PA001C with the Centers for Medicare & Medicaid Services. These measures are in the public domain.

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