

Medication Reconciliation

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?			Code Required on Claim Form
	Yes	No	
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?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Discharge Medications and Current Medication List in the Outpatient Medical Record ¹	Yes	No	
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.