

Documentation of Current Medications in the Medical Record

Coding Specifications

Codes required to document a visit occurred:

A CPT code is required to identify patients to be included in this measure.

All measure specific coding should be reported on the claim(s) representing the eligible encounter.

CPT codes

- 90801
- 90802
- 90957, 90958, 90959
- 90960, 90962, 90965, 90966
- 92002, 92004
- 92012, 92014
- 92541, 92542, 92543, 92544, 92545, 92547, 92548
- 92557
- 92567
- 92568, 92570
- 92585
- 92588
- 92626
- 96116
- 96150, 96152
- 97001, 97002
- 97003, 97004
- 97802, 97803, 97804
- 98960, 98961, 98962
- 99201, 99202, 99203, 99204, 99205
- 99211, 99212, 99213, 99214, 99215

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:

G-code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **G8427:** List of current medications (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) documented by the provider, including drug name, dosage, frequency, and route
- **G8430:** Provider documentation that patient is not eligible for medication assessment
- **G8428:** Current medications (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) with drug name, frequency, and route not documented by the provider, reason not specified