

## Documentation and Verification of Current Medications in the Medical Record

### 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.

All measure-specific coding should be reported ON THE SAME CLAIM.

#### CPT procedure codes for anesthesia services:

- 00100, 00102, 00103, 00104, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222, 00300, 00320, 00322, 00326, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00452, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00561, 00562, 00563, 00566, 00567, 00580, 00600, 00604, 00620, 00622, 00625, 00626, 00630, 00632, 00634, 00635, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810, 00820, 00830, 00832, 00834, 00836, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00872, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 00948, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01180, 01190, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01234, 01250, 01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402, 01404, 01420, 01430, 01432, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01632, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01682, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810, 01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01860, 01916, 01920, 01922, 01924, 01925, 01926, 01930, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01953, 01958, 01960, 01961, 01962, 01963, 01965, 01966, 01967, 01968, 01969, 01990, 01991, 01992, 01996, 01999

OR

### CPT service codes

- 90801 (psychiatric diagnostic interview examination),
- 90802 (interactive psychiatric diagnostic interview examination),
- 92002, 92004 (ophthalmological services — new patient),
- 92012, 92014 (ophthalmological services — established patient),
- 92541, 92542, 92543, 92544, 92545, 92547, 92548 (vestibular function tests),
- 92557 (comprehensive audiometry threshold evaluation and speech recognition),
- 92567 (tympanometry [impedance testing]),
- 92568, 92569 (acoustic reflex testing),
- 92585 (auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system),
- 92588 (comprehensive or diagnostic evaluation [comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies]),
- 92626 (evaluation of auditory rehabilitation status),
- 96116 (neurobehavioral status exam),
- 96150, 96152 (health and behavior assessment/intervention),
- 97001, 97002 (physical therapy evaluation),
- 97003, 97004 (occupational therapy evaluation),
- 97802, 97803 (medical nutrition therapy),
- 98960 (education and training for patient self-management by a qualified, nonphysician health care professional),
- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99211, 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult)

OR

### HCPCS G-codes

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

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Quality codes for this measure:

#### **G-code descriptors**

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

- **G8427:** List of current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) and verification with the patient or authorized representative documented by the provider
- **G8430:** Provider documentation that patient is not eligible for medication assessment
- **G8507:** Provider documentation that patient is not eligible for patient verification of current medications
- **G8428:** Provider documentation of current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) without documented patient verification
- **G8429:** Incomplete or no provider documentation that patient's current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) were assessed