

# Medication Management

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

### 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 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
There is a CPT Procedure Code, CPT Service Code, or G-code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
If <b>No</b> 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 with Dosages	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Documented AND verified with the patient <sup>1</sup> or authorized representative <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	G8427
Not documented for the following reason: <ul style="list-style-type: none"> <li>Documented reasons (eg, patient refuses to participate, urgent or emergent medical situation and to delay treatment would jeopardize the patient's health status, patient is not currently on any medications)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	G8430
Documented, but not verified for the following reason: <ul style="list-style-type: none"> <li>Documented reasons (eg, patient is cognitively impaired and no authorized representative available)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	G8507
Document reason here and in medical chart. _____ _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report G8428 (Provider documentation of current medications with dosages without documented patient verification.) <b>OR</b> G8429 (Incomplete or no provider documentation that the patient's current medications with dosages were assessed.)

<sup>1</sup>Verification is defined as documentation of acknowledgement by the patient and/or authorized representative or provider that signifies discussion, assessment, or review to confirm accuracy of information.

<sup>2</sup>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.