

## Documentation and Verification 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 SAME CLAIM.

#### CPT codes

- 90801
- 90802
- 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
- 98960
- 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 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