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

| PQRI Data Collection Sheet   |          |  |   |
|--|----------|--|---|
|  |          |  | / / $\square$ Male $\square$ Female   |
| Patient's Name Practice Medical Record Number (MRN)  |          | Birth Date (mm/dd/yyyy) Gender   |   |
| 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.   |          |  | Verify date of birth on claim form.   |
| There is a CPT Code for this visit.  |          |  | Refer to coding specifications document for list  |
| If <b>No</b> is checked for any of the above, STOP. Do not report a G-code.  |          | of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below. |   |
| Step 2 Does patient meet or have an accepta for not meeting the measure?   | ble reas | son  | Code to be Reported on Line 24D of Paper Claim Form,  |
| Current Medications with Dosages   | Yes      | No   | if <i>Yes</i> (or Service Line 24 of Electronic Claim Form)   |
| Documented AND verified with the patient <sup>1</sup> or authorized representative <sup>2</sup>  |          |  | G8427   |
| Not documented for the following reason:  • 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) |          |  | G8430   |
| Documented, but not verified for the following reason:   |          |  |   |
| Documented reasons (eg, patient is cognitively impaired and no authorized representative available)  |          |  | 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 |

<sup>&</sup>lt;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>&</sup>lt;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.