



One in a series of tip sheets that look at key 2019 Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Medication Reconciliation Post-Discharge (MRP)

Effectiveness of Care HEDIS® Measure

### HEDIS measure definition

Patients ages 18 and older in the measurement year with Medicare coverage whose medications were reconciled on the date of discharge through 30 days after discharge (a total of 31 days).

### Exclusions from the HEDIS measure

Patients are excluded if they were in hospice or living in a long-term institutional setting at any time during the measurement year.

### Information patient medical records should include

- The reason for the visit (e.g., post-hospital follow-up, post-surgery follow-up, patient was recently hospitalized).
- A current medication list in the office visit note from the post-hospital follow-up showing discharge medications were reconciled with the current outpatient medications.

### Information patient claims should include

The following CPT® II codes can be billed on a claim to close the treatment opportunity. They can't be billed in combination, and only one is needed to close the medication reconciliation treatment opportunity.

CPT® II code	Description
*1111F	Reporting code that notes discharge medications are reconciled with the most recent medication list in the outpatient medical record
*99483	Care planning services to individuals with cognitive impairment, including Alzheimer's disease, and requires an array of assessments and evaluations, including medication reconciliation and review for high-risk medications, if applicable
*99495	Transitional care management that requires communication with the patient or caregiver within two business days of discharge (which can be done by phone, email or in person) and decision-making of at least <b>moderate</b> complexity and a face-to-face visit within <b>14</b> days of discharge
*99496	Transitional care management that requires communication with the patient or caregiver within two business days of discharge (which can be done by phone, email or in person) decision-making of at least <b>high</b> complexity and a face-to-face visit within <b>seven</b> days of discharge

*continued*

## Billing tips

- \*1111F:
  - Use \*1111F if a medication reconciliation is completed within 30 days of discharge and the transitional care codes' requirements weren't met.
  - \*1111F can't be billed with the transitional care codes because the transitional care codes are inclusive of a medication reconciliation.
  - \*1111F should be billed on an HCFA 1500 (professional claim) and can't be billed on a facility claim.
  - \*1111F can be billed alone as a face-to-face visit is not required, but it is encouraged. While you could conduct it via telehealth or the phone, post-discharge office visits provide an opportunity to address conditions that caused the hospitalization and can help patients better understand their final medication list.
- Transitional care management:
  - Use the transitional care management codes (\*99495 or \*99496) if the patient is contacted within two days of discharge and has a face-to-face visit within seven or 14 days.
  - Transitional care management will also meet the requirements of an additional HEDIS measure component named Transitions of care: Patient engagement after inpatient discharge, which may become a star measure in future years.
- \*99483:
  - Physicians don't need to personally perform all of the required assessments and evaluations as other staff members may be able to assist over multiple visits.
  - Due to some of the service elements overlapping with other services, \*99483 can't be billed with the following codes: \*90785, \*90791, \*90792, \*96103, \*96120, \*96127, \*99201-99215, \*99241-99245, \*99324-99337, \*99341-99350, \*99366-99368, \*99497, \*99498 and \*96161.
  - The Alzheimer's Association has an educational toolkit about \*99483 for providers at [alz.org/careplanning](https://alz.org/careplanning).\*\*

## General tips

- Request a patient's discharge summary with medication list and any discharge instructions from the inpatient facility.
- Contact a discharged patient within two days of discharge and schedule follow-up appointments within 14 days.
- Physicians, physician assistants, pharmacists and nurses may conduct a medication reconciliation.
- Billing a medication reconciliation can reduce the number of HEDIS medical record requests from a health plan and, if applicable, support incentive program performance.

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