## ♠ Measure #130: Documentation and Verification of Current Medications in the Medical Record

2010 PQRI REPORTING OPTIONS FOR INDIVIDUAL MEASURES: CLAIMS, REGISTRY

DESCRIPTION:
Percentage of patients aged 18 years and older with a 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 is documented by the provider

INSTRUCTIONS:
This measure is to be reported at each visit occurring during the reporting period for patients seen during the reporting period. There is no diagnosis associated with this measure. This measure may be reported by non-MD/DO clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Claims:
CPT codes, G-codes, and patient demographics are used to identify patients who are included in the measure's denominator. G-codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the CPT codes, HCPCS codes, and the appropriate numerator G-code. All measure-specific coding should be reported ON THE SAME CLAIM.

Measure Reporting via Registry:
CPT codes, G-codes, and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure. The quality-data codes listed do not need to be submitted for registry-based submissions however these codes may be submitted for those registries that utilize claims data.

NUMERATOR:
Current medications with dosages and verification with patient or authorized representative is documented by the provider

Definitions:
Authorized Representative – 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 him 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, the patient appoints this individual.
Current Medications – All medications (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) a patient may be taking routinely and/or on a PRN basis

Verification – Documentation of acknowledgment by the patient and/or authorized representative or provider that signifies discussion, assessment, or review to confirm accuracy of information.
Not Eligible – A patient is not eligible if one or more of the following condition(s) exist:

- Patient refuses to participate
- Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status
- Patient cognitively impaired and no authorized representative available

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Current Medications with Dosages AND Verification Documented
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

OR

Current Medications with Dosages not Documented, Patient not Eligible
G8430: Provider documentation that patient is not eligible for medication assessment

OR

Current Medications with Dosages Documented, Patient Verification not Documented, Patient not Eligible
G8507: Provider documentation that patient is not eligible for patient verification of current medications

OR

Current Medications with Dosages Documented, Patient Verification not Documented, Reason not Specified
G8428: Provider documentation of current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) without documented patient verification
OR
Current Medications with Dosages not Documented, Reason not Specified
G8429: Incomplete or no provider documentation that the patient's current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) were assessed

DENOMINATOR:
All patients aged 18 years and older

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Patient encounter during the reporting period (CPT or HCPCS): 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, G0101, G0108, G0270

RATIONALE:

Adverse drug events (ADEs) are one of the leading causes of hospitalizations and deaths in the U.S. Specifically, data suggests that ADEs are an important problem among outpatients, with 13% of events occurring in patients with a prior or documented allergy/reaction to the reactive drug. Using a medication list in the office setting promotes patient safety and reduces medical errors, both by improving documentation in general and, specifically, by improving communication between patients and providers.

The need for this measure is important because no similar measure has been identified through review of literature, the AHRQ National Quality Measures Clearinghouse, and relevant specialty society web sites.

CLINICAL RECOMMENDATION STATEMENTS:

In addition, as part of its efforts to promote patient safety and reduce the growing incidence of medical errors in the office setting, the Institute for Healthcare Improvement created a recommended medication list for patients and their families to carry with them to medical appointments to help providers reconcile medications during medical visits. [Institute for Healthcare Improvement. Medication List For Patients and Families. Massachusetts Coalition for the Prevention of Medical Error (in collaboration with the Massachusetts Medical Society)]